



**TROTWOOD-MADISON CITY SCHOOLS**

*Our Mission Is 100% Student Success!*

**Request for permission to release school records to third party**

Please print the following information and sign the consent at the bottom of the page:

To: \_\_\_\_\_ School Name: \_\_\_\_\_  
School **district** last attended/agency

Address: \_\_\_\_\_  
\_\_\_\_\_

Name of Student: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

**(Please return the documents listed to address below along with a copy of this form)**

Registration Secretary-Madison Park Elementary School-301 South Broadway  
Trotwood, Ohio 45426--(Phone) 937-854-4456 (Fax) 937-854-4493

For the purpose of registration, the records to be released should include:

- |   |                           |              |
|---|---------------------------|--------------|
| * Academic (grades/credits)/Discipline        | * State Assessment Scores | *SSID Number |
| * Health (vision and hearing)                 | *Test results             | *Attendance  |
| * Pre kindergarten experience (if applicable) |                           |              |

Previous Ohio School Official Withdrawal Date \_\_\_\_\_

Is this a student with a disability: \*\*Yes\_\_\_ No\_\_\_

\*\*If yes, please include the following records:

- ★ EMIS Information completed at IEP Meeting
- ★ Most Recent IEP and MFE
- ★ Preschool or school age planning form (applicable form)
- ★ Last permission to evaluate
- ★ OT/PT prescription (if applicable)

Student is gifted: Yes\_\_\_ No\_\_\_ Date identified: \_\_\_\_\_ Areas of giftedness: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note 1: Records released to the person/agency listed above is not to be released to another person or agency without written permission of the parent, legal guardian, or legal age person.

Note 2: Parents or legal age students may request a copy of the records being released as specified above be sent to them, but if copies of records are released to them, the school district is relieved of responsibility for confidentiality of those records.

I (we) consent to the release of those records as indicated above:

\_\_\_\_\_  
Printed name of parent/legal guardian or student (18 years)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of parent/legal guardian or student (18 years)      Date

FOR OFFICIAL USE ONLY:				
REQUEST	DATE	BY	FAX	MAIL
1 <sup>ST</sup>				
2 <sup>ND</sup>				