

DATE: \_\_\_\_\_

**Consent for Release of Student Records**  
**(Deferred Action for Childhood Arrivals)**

**Complete this form and submit directly to the Madison Metropolitan School District, Enrollment Office, 545 West Dayton Street, Madison, Wisconsin 53703.**

I, \_\_\_\_\_, consent to the release of the following records for  
Name of Parent/Guardian/Adult Student

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_:  
Name of Student Student's Date of Birth STUID#

- \_\_\_\_\_ District letter verifying dates of enrollment
- \_\_\_\_\_ Enrollment History
- \_\_\_\_\_ Attendance Records
- \_\_\_\_\_ Progress Records including grades, transcripts and/or report cards, as applicable

**Please read and initial the following statements.**

- \_\_\_\_\_ I understand that this consent shall be valid for one year unless otherwise revoked.
- \_\_\_\_\_ I further understand that these records are confidential and the receiving person or agency should not allow re-disclosure without my written consent.

Please release the requested records to: \_\_\_\_\_  
Name of Person/Agency

**Select one:**

\_\_\_\_\_ Via U.S. mail \_\_\_\_\_  
Street Address, City, State, Zip

\_\_\_\_\_ Via personal pick-up \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Parent/Guardian/Adult Student

\_\_\_\_\_  
Address