

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