



ENROLLMENT OFFICE

545 West Dayton St. ● Madison, Wisconsin 53703-1967 ■ 608.663.4957 ▼ https://enrollment.madison.k12.wi.us/
Fatima Bendada, Director and Registrar Jennifer Cheatham, Ed.D., Superintendent of Schools

PERMISSION FOR RIGHTS TO RECORDS—FOR USE OUTSIDE OF SCHOOL

I, _____ / _____
(parent/legal guardian) **please print** (relationship to student)

give _____ / _____
(name) (relationship to student)

rights to my child’s records and to make educational decisions. (Please note this does not change the parent’s rights to students; they are still responsible for all school related issues.)

ID number	student last name	student first name	birthdate	current school

Please notify the MMSD Enrollment Office in writing if/when you wish to revoke these rights. Either fax to 608-204-0342 or mail to Enrollment Office, 545 W Dayton St, Madison, WI 53703.

_____ signed _____ date

This instrument was acknowledged before me in _____
on _____, 20____ by _____.

Notary Public My commission expires _____

_____ County, State of _____