

**MADISON JR/SR HIGH SCHOOL  
CONSENT FOR RELEASE OF RECORDS**

**Today's Date:** \_\_\_\_\_

Name (including maiden name): \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Phone # : \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Reason for request:** (please check one)

\_\_\_\_\_ Enrollment – University/College/Tech School

\_\_\_\_\_ Other: (please specify  
\_\_\_\_\_

**Record Requested:** (please check one)

\_\_\_\_\_ Transcript

\_\_\_\_\_ Unofficial Transcript

\_\_\_\_\_ Medical Record

\_\_\_\_\_ Other:( please specify  
\_\_\_\_\_

**Mail To:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone/Fax #: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip code

Picked Up/Mailed Records: \_\_\_\_\_