

# Madina Academy Upper School

519 Palisado Avenue  
Windsor, CT. 06095

## Parent Consent for the Transfer of Student Records

I hereby give Madina Academy permission to obtain the following confidential information as indicated.

Student Name

Home Address

D.O.B

The following documents are to be released:

- Academic Transcripts including standardized test results
- Discipline Record
- Medical Records (including but not limited to vaccination records, physical examinations, psychological assessments....)
- Speech/Hearing/Language Evaluations
- Evaluations from Outside Agencies, Doctors and Schools
- Remedial Assistance and/or Special Education Evaluations; Individualized Education Program documentation
- Home-School Correspondence

• Other:

Reason for requesting release of student documents: **New Student Enrollment**

Name of the Party to which  
Records will be released to:

Madina Academy  
519 Palisado Avenue  
Windsor, CT. 06095

Name of Institution to release Records:

Current school's mailing address:

Name of Parent/Guardian

Signature of Parent/Guardian

Date