



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

Documents to be released: **(All records are required)**

- Psychological Reports
- Medical Reports
- Psychiatric Evaluations
- Educational Evaluations
- Speech/Hearing/Language Evaluations
- Evaluations from Outside Agencies, Doctors and Schools
- Individualized Education Programs
- Special Education Progress
- Home School Correspondences
- Other:

Reason for release:

Records are to be released to:

**Madina Academy
519 Palisado Avenue
Windsor, CT. 06095**

Full name of institution to release records:

Address:

Phone #: Fax#:

Parent/Guardian's Signature: Date: