

Madison Christian School  
45369 234th St., Madison, South Dakota 57042  
605-427-0109

**AUTHORIZATION TO TRANSFER STUDENT RECORDS**

Please forward the scholastic record, health record, achievement test results, and psychological testing (if applicable) for the following students:

Name(s)	Birthdate	Grade	Date enrolled
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Records Requested From:**

School name \_\_\_\_\_ District \_\_\_\_\_

Address \_\_\_\_\_

**Please send records to** Madison Christian School, P.O. Box 96, Madison, SD 57042

In compliance with the Family Education Rights and Privacy Act of 1974, I give my permission for copies of my child’s academic records and other information to be sent to Madison Christian School.

**Signature of Parent/Guardian** \_\_\_\_\_ **date** \_\_\_\_\_

\*\*\*\*\*

In accordance with the Family Education Rights and Privacy Act of 1974, I give my permission for Madison Christian School to release to the news media personal photographs and information as to accomplishment, achievement, and participation in all school related activities.

Madison Christian School may request and receive student records and/or transcripts from other educational institutions that my child may have previously attended. Equally, Madison Christian may release such records upon written permission from the parent or guardian of the student.

It is understood that the student and parents or legal guardians have the right to review any information that may be contained in the student’s educational file.

This authorization shall remain in effect until cancelled by the undersigned through written notice to Madison Christian School.

**Signature of Parent/Guardian** \_\_\_\_\_ **date** \_\_\_\_\_