

MAD RIVER LOCAL SCHOOLS
801 Harshman Road
Dayton, OH 45431
FAX: 937-259-6611

REQUEST FOR RELEASE OR TRANSFER OF SCHOOL RECORDS

Student Name (Maiden): _____ Date of Birth: _____

Address: _____ Phone: _____

Year of Graduation / Withdrawal (Circle One): _____

Release Records to: Self: () Check OR:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Reason for Release:

Employment: _____ Verification of School Enrollment: _____

Post-High School: _____ Other: _____
(Please Explain)

Printed Name

Signature

Date of Request

The school is not responsible for the confidentiality of records when records are released.