

	Madison	Count	y High	School
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2649 W. US 90, Madison, Florida 32340

Telephone: (850) 973-5061

DATE: _____

REQUEST FOR STUDENT RECORDS

то: _____

For enrollment purposes, please send the following information for:

(Student's Name)

(Date of Birth)

- _____ Official school transcript (name, date of birth, number of credits earned, grades, discipline, grading scale, attendance)
- _____ Standardized Test Scores/FCAT
- _____ Psychological Reports/IEP
- _____ Health Data/Immunization Records
- _____ Withdrawal Grades

Please fax first to: (850) 973-5122

Please send to: Madison County High School Guidance Office 2649 West US 90 Madison, FL 32340

If you have any questions, please contact us at: (850) 973-5061