

FERPA Request for Release of Information

Forward Thinking, High Achieving.

To:	Records Custodian(School Name)						
	Missoula County Public Schools District #1						
Stude	ent Name:						
DOB	:						
I,			, the parent a	nd legal guar	dian of the abov	ve named	
minor student, hereby authorize the				School District to release any and all			
educa	ation records curr	ently in its possessi	ion to	·	I understand fur	rther that:	
(1) I ł	nave the right not	to consent to the re	elease of my ch	ild's education	on records; (2) I	have a right	
to rec	eive a copy of su	ch records upon rec	quest; (3) and the	hat this conse	nt shall remain	in effect	
until	revoked by me, ii	n writing, and deliv	ered to the		School Dist	trict, but that	
any si	uch revocation sh	all not affect disclo	osures previous	ly made by th	ie		
Schoo	ol District prior to	the receipt of any	such written re	evocation.			
Paren	t and Legal Guar	dian		Date			
Of							
STAT	ΓE OF MONTAN	JA)					
Coun	ty of	: ss.					
Couii	ty 01						
for th		day of, 2					
	subscribed the wi	na, personally appe thin instrument.	area,			,	
			Notary Pub	olic for the Sta	ate of Montana		
			Residing at	· ·	, Montana		
(SEA	L)		My commis	ssion expires			