



Forward Thinking, High Achieving.

Request for Student Records **Missoula County Public Schools**

Office Use Only

1st Request _____

2nd Request _____

Notes _____

Welcome! Please select the MCPS High School student will be enrolled in.

☐

Big Sky High School
3100 South Ave. W.
Missoula, MT 59804
Phone# (406)728-2400 ext. 8030
Fax# (406) 329-5902

☐

Hellgate High School
900 S. Higgins Ave.
Missoula, MT 59801
Phone# (406)728-2400 ext. 6023
Fax# (406) 728-2496

☐

Seeley-Swan High School
P.O. Box 416
Seeley Lake, MT 59868
Phone# (406) 677-2224
Fax# (406) 677-2949

☐

Sentinel High School
901 South Ave. W.
Missoula, MT 59801
Phone# (406)728-2400 ext. 7047
Fax# (406) 329-5959

Please provide student's previous school information.

TO: _____
(Former School)

ADDRESS: _____

PHONE: _____ FAX: _____

STUDENT NAME: _____ GRADE: _____

I authorize the release of the above-named student's records as indicated below for your purposes of school placement and/or education planning. I acknowledge notification of this transfer of records as required by the Family Education Rights and Privacy Act of 1974. I understand the student and/or I have a right to a copy at our expense, if requested, and have an opportunity for a hearing to challenge the content of records. I understand that the information transferred is treated in a confidential manner and interpreted by competent school personnel. They will not be transmitted to a third party without my consent.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

CURRENT ADDRESS: _____ PHONE: _____

RELATIONSHIP TO STUDENT: _____

PLEASE MAIL:

- * Official High School Transcript - Stamped with School Seal
- * Academic Records (test scores, cumulative file)
- * Health/Medical Records
- * Special Education and Psychological Records

PLEASE FAX UPON RECEIPT:

- * Transcript and Withdrawal Grades
- * Immunization Record
- * Behavior and Attendance Records
- * IEP Record