



Forward Thinking, High Achieving.

# Request for Student Records Missoula County Public Schools

<b>Office Use Only</b>
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  
 Email: mcheyney@mcpsmt.org

**Hellgate High School**  
 925 Gerald Ave.  
 Missoula, MT 59801  
 Phone# (406)728-2400 ext. 6023  
 Fax# (406) 728-2496  
 Email: lwillumsen@mcpsmt.org

**Seeley-Swan High School**  
 P.O. Box 416  
 Seeley Lake, MT 59868  
 Phone# (406) 677-2224  
 Fax# (406) 677-2949  
 Email: astevenson@mcpsmt.org

**Sentinel High School**  
 901 South Ave. W.  
 Missoula, MT 59801  
 Phone# (406)728-2400 ext. 7024  
 Fax# (406) 329-5959  
 Email: jowen@mcpsmt.org

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 OR EMAIL UPON RECEIPT:**

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