Request for Student Records
Missoula County Public Schools

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: dpengelly@mcps.k12.mt.us

☐ **Hellgate High School**
900 S. Higgins Ave.
Missoula, MT 59801
Phone# (406)728-2400 ext. 6023
Fax# (406) 728-2496
Email: lwillumsen@mcps.k12.mt.us

☐ **Seeley-Swan High School**
P.O. Box 416
Seeley Lake, MT 59868
Phone# (406) 677-2224
Fax# (406) 677-2949
Email: cnovak@mcps.k12.mt.us

☐ **Sentinel High School**
901 South Ave. W.
Missoula, MT 59801
Phone# (406)728-2400 ext. 7024
Fax# (406) 329-5959
Email: ddhasquet@mcps.k12.mt.us

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