



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
Email: dpengelly@mcps.k12.mt.us

Hellgate High School
925 Gerald 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