

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		Sentinel High School 901 South Ave. W.	
	Seeley Lake, MT 59868		Missoula, MT 59801	
	Phone# (406) 677-2224		Phone# (406)728-2400 ext. 7024	
	Fax# (406) 677-2949 Email: cnovak@mcps.k12.mt.us		Fax# (406) 329-5959 Email: ddhasquet@mcps.k12.mt.us	
	Please provide student's	previous sch		
	·			
TO:				
	(Former School)			
ADDRESS:				
DUONE.		FAV		
PHONE:		FAX:		
STUDENT NAME:		GRADE	GRADE:	
placement and Family Educat our expense, i stand that the	d/or education planning. I acknowledge tion Rights and Privacy Act of 1974. I un f requested, and have an opportunity fo	notification on nderstand the r a hearing to onfidential ma	dicated below for your purposes of school of this transfer of records as required by the e student and/or I have a right to a copy at challenge the content of records. I underanner and interpreted by competent school consent.	
PARENT/GUARDIAN SIGNATURE:			DATE:	
CURRENT ADD	RESS:		PHONE:	
REI ATIONSHIP	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

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