

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. 7024 Fax# (406) 329-5959	
	Please provide student's	previous sch	nool information.	
	(Former School)			
STUDENT NAME	<u>:</u>	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 ADDF	RESS:		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

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