



Request for Student Records Missoula County Public Schools

Office Use Only	
1st Request	_____
2nd Request	_____
Notes	_____

Welcome! Please select the public charter school the student will be enrolled in.

TEACH Academy
 909 South Ave. West
 Missoula, MT 59801
 Phone# (406)728-2400 ext. 1030
 Fax# (406)542-4009
 Email: studentregistration@mcpsmt.org

CONNECT Academy
 909 South Ave. West
 Missoula, MT 59801
 Phone# (406)728-2400 ext. 1030
 Fax# (406)542-4009
 Email: studentregistration@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