

EAST GLACIER PARK GRADE SCHOOL

School District No. 50

PO Box 150

East glacier Park, MT 59434-0150

Phone: 406-226-5543

Fax: 406-226-4269

REQUEST FOR STUDENT RECORDS

To Whom It May Concern:

Please send all Regular Education, Special Education, Health, Medical, Check-out Grades and Attendance Records for:

Name of Student _____

Name of Parents or Guardians: _____

Birth Date: _____ Grade: _____

School Name _____

PO Box or Street _____

City _____ State _____ Zip _____

Phone Number: _____ Fax Number: _____

Authorized by: _____

SIGNATURE

DATE

Please send Special Education, Regular Education, Standard Test Data, Scholastic Achievement Data, Check Out Grades, and Attendance Records to:

East Glacier Park Grade School

PO Box 150

East glacier Park, MT 59434-0150

Phone: 406-226-5543

Please fax the student's immunization records.

Fax: 406-226-4269

This transfer is provided for in the Family Education Rights and Privacy Act of 1974, as amended June 17, 1976. Regulations no longer require an acknowledgement from the parent of eligible students that he or she has received notification before records may be released to gaining educational institutions (99.34). I understand the information transferred will be treated in a confidential manner.