



**HELENA PUBLIC SCHOOLS**

**REQUEST FOR RECORDS**

Requested from: School \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State/Zip \_\_\_\_\_  
 Fax # \_\_\_\_\_ Email \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_  
 \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_  
 \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

The above listed student(s) has enrolled at \_\_\_\_\_ school.  
 Please release all of the following records you have on this student(s).

- \_\_\_\_\_ Cumulative File
- \_\_\_\_\_ Student Health Records
- \_\_\_\_\_ Psychological Records
- \_\_\_\_\_ Resource Room Records
- \_\_\_\_\_ Gifted and Talented Program
- \_\_\_\_\_ Chapter 1 Program

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Send all records to:  
 School Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Helena, Montana 59601/59602  
 Phone: 406-324-\_\_\_\_\_ Fax: 406-324-\_\_\_\_\_  
 Email \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Signature of School Official