

# Request for Records



Florence-Carlton High School  
 5602 Old Hwy 93  
 Florence, MT 59833  
 406-273-6301  
 406-273-2643 Fax

To: \_\_\_\_\_ From: KELLY  
Previous School Name, City & State

Date Sent \_\_\_\_\_

Fax Number \_\_\_\_\_

Number of pages including cover page: \_\_\_\_\_

Comments:

Please **FAX** upon receipt:

- ◇ **THIS FORM**
- ◇ IEP or 504
- ◇ Transcript & WD Grades
- ◇ State Test Scores
- ◇ Immunizations/Birth certificate
- ◇ Attendance/Discipline records

Please **MAIL** Cum and/or SPED records:

## Request for Student Records

This constitutes an official request for a complete set of student records for the student(s) indicated on this card. The parent or guardian's signature below indicates notice to them and consent by them for the release of student records. Please **MAIL** ALL records, including ***cumulative records, transcripts, health records, group test results, and individual assessments*** administered for the purpose of making special program decisions for exceptional children.

Student's Last Name	First Name	MI	DOB	Grade

I hereby authorize the release of the above-requested information.

\_\_\_\_\_  
 Parent or Guardian Signature

\_\_\_\_\_  
 Date of Request

### CONFIDENTIALITY NOTICE:

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IF YOU HAVE RECEIVED THIS FAX IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE TO ARRANGE RETURN OF THE DOCUMENT(S). THANK YOU, FCHS.