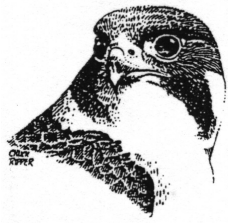


# Request for Records



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

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

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

Date sent \_\_\_\_\_

Comments:

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

## 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 send 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

Send records to: Florence-Carlton High School  
5602 Old Hwy 93  
Florence, MT 59833

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

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

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

### CONFIDENTIALITY NOTICE:

The document(s) accompanying this fax may contain confidential information which is legally privileged. The information is intended only for the use of the named recipient. If you are not the intended recipient, you are hereby notified that any disclosure, copying or distribution or taking of action except its direct delivery to the intended recipient is strictly prohibited.

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