

Request for Records



Florence-Carlton Middle School
5602 Old Hwy 93
Florence, MT 59833
406-273-0587
406-273-0545 Fax

To: _____ From: _____
Previous School Name, City & State

Fax Number _____

Date sent _____

Comments:

Number of pages including cover page: _____

Please Fax upon receipt:

- ◇ Birth Certificate
- ◇ Immunization Records
- ◇ Current Grades/Schedule
- ◇ State Test Scores
- ◇ Discipline 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

Send records to: Florence-Carlton Middle 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.