



C.R. Anderson Middle School
1200 Knight Street
Helena, Mt 59601

Date: _____

Main Office: (406) 324-2800
Fax: (406) 324-2801
Attendance: (406) 324-2802

To: _____

Fax #: _____

Phone: _____

Request for Records

(According to the Education Amendment f 1974, "Protection of the Rights and Privacy of Parents and Students", Sub-section (b) (1), parts A&B, page 97. It states that school officials, including teachers within the educational institution and officials of other schools in school systems in which the student may intend to enroll may receive a student's records without a written consent for such release.)

Please send the following:

- Cumulative File
- Official transcript of grades
- Special Education/IEP records
- Immunization/Health records
- Withdrawal grades
- Entrance and withdrawal dates
- Results of standardized tests
- Attendance/Discipline records

Student's Name: _____

Grade: _____ Date of Birth: _____

Thank you!

Sara Hayter
Records Secretary
C.R. Anderson Middle School
(406) 324-2776

Parent Signature: _____