



STUDENT SERVICES
HELENA PUBLIC SCHOOLS

OFFICIAL RELEASE OF CONFIDENTIAL INFORMATION
& REQUEST FOR TRANSCRIPTS AND ALL RECORDS

Date

To: _____

I hereby authorize the above-mentioned school, agency or individual to:

_____ **release information to** the Helena Public Schools

_____ **obtain information from** the Helena Public Schools

_____ **exchange information with** the Helena Public Schools

concerning _____
Name Birthdate

I acknowledge notification of this transfer of records as required by the Family Educational Rights and Privacy Act of 1974 and understand that I have a right to receive a copy at my own expense, if requested, and have an opportunity for a hearing to challenge the content of the records. (I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.)

(Signature of Parent or Guardian) Date _____

Relationship to Pupil _____

Address _____

Phone _____

PLEASE SEND INFORMATION TO: STUDENT SERVICES
May Butler Center
55 South Rodney
Helena, MT 59601
406-324-2005 Fax # 406-324-2018
ATTN: _____
Helena School Personnel