



C R Anderson Middle School

1200 Knight Street
HELENA, MT 59601
PHONE: (406) 324-2800
FAX: (406) 324-2801

RELEASE OF RECORDS

Permission is hereby granted to:

(School Previously Attended)

(Address)

(City, State, Zip)

(Phone)

(Fax)

To release transcripts, cumulative records, discipline records and/or other confidential information for:

(Student's Name)

(Birthdate)

(Grade)

- Please fax immunization records and birth certificate ASAP!!!***
- Please fax other enrollment/placement records (IEP/CST records, discipline records, etc.) ASAP!!***
- Please send hard copies of cumulative and other records at your convenience.***

PLEASE SEND TO:

C R Anderson Middle School – ATTN: Candice Koch
1200 Knight Street
Helena, MT 59601

Date _____

Signed _____

(Parent/Guardian of Student)

Thank You,

Registrar: Candice Koch

Date Faxed/Mailed