

REQUEST FOR STUDENT RECORDS**BUTTE SCHOOL DISTRICT NO. 1****111 N MONTANA STREET****BUTTE, MT 59701****Phone (406) _____****Fax (406) _____**

TO: _____ SCHOOL

STUDENT'S NAME _____

GRADE _____

STUDENT'S NAME _____

GRADE _____

STUDENT'S NAME _____

GRADE _____

HAVE ENROLLED IN THE _____ . PLEASE
 RELEASE ALL RECORDS INCLUDING:

- _____ Cumulative file
 _____ Student Health Records
 _____ Psychological Records
 _____ Resource Room Records
 _____ Other (specify) _____

PLEASE SEND ALL RECORDS TO:

_____ SCHOOL

BUTTE, MT 59701**Attn: Student Records**_____
*Signature of Parent/Guardian*_____
*Date**Bottom section for Office use only*_____
*Signature of School Official*_____
*Date of Request*_____
Fax No.

mailed request
faxed request