**Student Records Request**

**Requesting School: Sidney High School**

Sidney Public Schools

Attn: Student Records

1012 4th Ave SE

Sidney MT 59270

Phone (406) 433-2330

Fax (406) 433-2481

Email: Maria Peters mpeters@sidneyps.com, Kara Triplett ktriplett@sidneyps.com

**Student family list (please use back of form if necessary)**

Student Name:­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_ Birthdate:\_\_\_\_\_\_\_\_\_\_

Student Name:­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_ Birthdate:\_\_\_\_\_\_\_\_\_\_

Student Name:­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_ Birthdate:\_\_\_\_\_\_\_\_\_\_

**Submitting Records From:**

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attn: Records/ Cumulative File

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone and Fax #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please include any and all records pertaining to Academic Records, Health Records, Birth Certificate, and Special Education/504/Title1/Chapter Records/IEP/Evaluation Reports.

I, the parent/guardian, grant permission for school administrators to release records for the above listed student(s).

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  (Parent or Legal Guardian)

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_