

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@sidney.k12.mt.us, Maria Neff mneff@sidney.k12.mt.us

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: _____