



HARLEM ELEMENTARY SCHOOL
 110 Third Avenue SW
 P.O. Box 309
 Harlem, MT 59526
 Phone: (406) 353-2258
 Fax: (406) 353-2892

Student Records Request

To: _____

Date: _____

Please **fax birth certificate, immunizations, and proof of grade** to (406) 353-2892.

Please send all other school records via mail, including the following:

- OFFICIAL TRANSCRIPT OF CREDITS AND GRADES
- HEALTH/IMMUNIZATION RECORDS
- ATTENDANCE RECORDS
- DATE OF ENTRANCE AND DATE OF WITHDRAWAL/ENROLLMENT HISTORY
- RESULTS OF STANDARDIZED TESTS
- SPECIAL ED/IEP FILES

Student	Grade	DOB
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According to the final regulations of the Family educational Rights and Privacy Act (Buckley Amendment) – Dated June 17, 1976, it is no longer necessary to obtain written consent to release records. It states that school officials within the present educational institution and officials in school systems in which the student may intend to enroll, may receive a student’s records without written consent for release.

 Signature of parent/guardian or school official

 Date

Date request sent: _____ (mail) _____ (fax)