

**BILLINGS PUBLIC SCHOOLS
REQUEST/RELEASE OF K-6 STUDENT RECORDS**

Previous School To:		
Street Address:		
City	State	Zip

Date: _____
 Second Request Mailed: _____
 Date Records Received: _____

Dear Registrar:

We have enrolled:

Name: Last	First	Middle	Date of Birth	Grade

who formerly attended your school.

The final regulations of the Family Education Rights and Privacy Act (as amended on June 17, 1976) allow educational institutions to transfer records **WITHOUT WRITTEN CONSENT** to another school system in which the student has enrolled.

We would appreciate receiving all the information concerning this child, such as:

- Health/Immunization Records
- Birth Certificate
- Academic Testing
- Attendance/Behavior Records
- Special Services Assessments:
 - Resource Room Data
 - Psychological Reports
 - Speech/Language
 - Counseling
 - Audiology
 - Physical Therapy
 - Occupational Therapy
 - Vocational
 - Casework
- Chapter 1 Information
- Gifted/Talented Records
- Band/Orchestra Grades

PLEASE SEND THIS INFORMATION TO:

I give my permission for these records to be release to Billings Public Schools.

Signature:	Relationship to Child:
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