



P.O. Box 1346
Boulder, Montana 59632
School District #7
Phone Number 406.225.3316
Fax Number 406.225.9218

Release of Record

Date _____

School _____ Phone _____

Address _____ Fax _____

Is authorized to release records to Boulder Elementary School.

The above named school is hereby authorized to release, and requested to furnish to the Boulder Elementary School oral and/or written information as indicated by the checked items, from the records of:

Student Name _____ Date of Birth _____

Student Name _____ Date of Birth _____

Student Name _____ Date of Birth _____

- Birth Certificate
- Immunization Records
- Individualized Education Plan (IEP)
- Psychological Testing
- Social Information
- Other academic information
- Medical records and reports
- Other _____

I, as parent or guardian, acknowledge this notification of transferred records and authorized the release and exchange of any and all pertinent information from the above named school to Boulder Elementary School. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to another party without my written consent. I also understand that all information to be released is open for my inspection and review.

Parent or Guardian Signature

Relationship to student