

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

<b>Previous School To:</b>		
<b>Street Address:</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>

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

Second Request Mailed: \_\_\_\_\_

Date Records Received: \_\_\_\_\_

Dear Registrar:

We have enrolled:

<b>Name: Last</b>	<b>First</b>	<b>Middle</b>	<b>Date of Birth</b>	<b>Grade</b>

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:**

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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

<b>Signature:</b>	<b>Relationship to Child:</b>
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