

**THOMPSON FALLS JUNIOR HIGH**  
**206 Haley Ave. W**  
**THOMPSON FALLS, MT 59873**

*The Open Records Bill rules that pupil records may not be shared on an inter-agency basis without a release signed by the "person of interest." The "person of interest" is defined as the person to whom the records pertain if he/she is 18 years of age or older or the parent/legal guardian if the subject of the records is under 18.*

**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION**

I. Student(s) Name: \_\_\_\_\_  
Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

I authorize the release of the following records: \_\_\_\_\_ Educational \_\_\_\_\_ Special Ed.  
Records \_\_\_\_\_ Transcripts \_\_\_\_\_ Social \_\_\_\_\_ Medical \_\_\_\_\_ Psychological  
(including testing data) Other: \_\_\_\_\_

I request that the information be kept confidential, used for professional reasons only and not be released to another individual or organization unless authorized by me.

Signature of: \_\_\_\_\_ Parent \_\_\_\_\_ Guardian \_\_\_\_\_ Date \_\_\_\_\_

II. Information released from: \_\_\_\_\_  
School, Department, Agency, Person \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_

III. Information to be released to:  
THOMPSON FALLS JUNIOR HIGH SCHOOL  
206 Haley Ave. W  
Thompson Falls, MT 59873  
ATTN: Melissa Wilson

Parent/Guardian must provide proof of student's identity within 40 days of enrollment or above records must be received within 80 days. If the information is not received within this time period, Thompson Falls Schools must contact local law enforcement officials and the Missing Children's Bureau of the Department of Justice.

Signature of School Official \_\_\_\_\_  
Date Request Mailed \_\_\_\_\_