

AUTHORIZATION FOR RELEASE OF INFORMATION

To Whom It May Concern:

The Open Records bill rules that pupil information may not be shared on an inter-agency basis without a release signed by the "person in interest". The "person in 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 age 18.

Name of Student	Date of Birth	Grade

LAST SCHOOL ATTENDED

NAME: _____

ADDRESS: _____

CITY / STATE / ZIP: _____

You are hereby authorized to release verbal and written information on the above named student(s) for the following purposes and in the following areas:

- Cumulative Folder
- Immunization information & Birth Certificate
- All Special Education Records (if applicable)
- 504 Plan (if applicable)
- AR Book List – books read and certifications received (if applicable)
- STAR Math and/or Reading Scores
- Attached Form – completed

Please send any written information to:

Thompson Falls Elementary School
206 Haley Ave. W
Thompson Falls, MT 59873
EMAIL: TFES@tfalls.org

Signature of "Person in Interest"

Relationship

Date

Signature of School Official

Date request sent