



# East Helena High School

East Helena Public Schools  
P.O. Box 1280, East Helena, MT 59635

Ph: (406) 227-7730 Fax: (406)227-3520

## Authorization For Release of Records/Information

School or Agency Authorized to Release Records/Information to East Helena Public Schools.

---

School or Authorized Agency	Year Last Attended	Phone
-----------------------------	--------------------	-------

---

Street Address/P.O. Box No.	City	State	Zip
-----------------------------	------	-------	-----

You are hereby authorized and requested to furnish East Helena Public Schools with verbal as well as written information as indicated by the checked items, from the record of:

---

Student Name	DOB	Current Grade
--------------	-----	---------------

---

Student Name	DOB	Current Grade
--------------	-----	---------------

General School Cumulative Record Folder including: School Transcripts, Report Cards, Standardized Testing Results, Immunization Records, Health Records, Birth Certificate.

Special Education Records/Chapter 1 Records/504 Records including: Psychological Testing, IEPs, Classroom Observations, CST Records, Speech Records.

I, as parent/guardian, acknowledge this notification of transfer of records and authorize the release and exchange of any and all pertinent information from the above-stated school/agency to the East Helena Schools. 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 to my inspection and review.

---

Parent/Guardian Signature

---

Relationship to Student

---

Address

---

Date

Please send to: East Helena High SCHOOL RECORDS  
East Helena School District No. 9  
P.O. Box 1280, East Helena, MT 59635

**\*\*Please FAX Immunizations to (406)227-3520 ASAP. Thank you!\*\***