



Custer Public Schools

District #15, Yellowstone County
PO Box 69
Custer, MT 59024
(406) 856-4117 or (406) 856-4118* Fax (406) 856-4206

PERMISSION TO RELEASE STUDENT RECORDS

In compliance with provisions of the Family Educational Rights and Privacy Act which became effective 11-19-74. I request the following permanent records to be sent as indicated.

Transcript of grades, test results and health records for:

_____	_____	_____
Student Name	Age	Grade
_____	_____	_____
Student Name	Age	Grade
_____	_____	_____
Student Name	Age	Grade

Last School Attended: _____

Name of School

Address

City, State, ZIP

Signed: _____

Parent or Guardian

Date

Please Forward Records To:

Custer Public Schools
PO Box 69
Custer, MT 59024

School Authority: _____

Superintendent, Mr. Mike Flamm