



# Colstrip Public Schools

216 Olive Drive • P.O.Box 159 • Colstrip, MT 59323-0159 • 406-748-4699

## AUTHORIZATION TO RELEASE INFORMATION

TO: \_\_\_\_\_  
(Last school and/or agency)

ADDRESS: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

I hereby authorize the release of the following information you hold in your files regarding my child:

Cumulative Records  
Special Education Records  
Psychological Records  
Transfer Grades/Report Cards  
Any other pertinent information

Health Records/Sports Physicals  
Achievement Test Results  
Attendance Records  
Discipline Records

\_\_\_\_\_  
(Name of Student)

\_\_\_\_\_  
(Date of Birth)

Please send these to:

**Colstrip Public School**

**Attn: \_\_\_\_\_\*\***

**PO Box 159  
Colstrip, MT 59323-0159**

\*\* (Please add in the attention line the school in which the child attends. PBES K-5 FBMS 6-8 CHS 9-12)

**ACCORDING TO THE FINAL REGULATIONS, FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (BUCKLEY AMENDMENT) DATED JUNE 17, 1976; IT IS NO LONGER NECESSARY TO OBTAIN WRITTEN CONSENT TO RELEASE RECORDS. IT STATES THAT SCHOOL OFFICIALS WITHIN THE PRESENT EDUCATIONAL INSTITUTION AND OFFICIALS IN SCHOOL SYSTEMS IN WHICH THE STUDENT MAY INTEND TO ENROLL, MAY RECEIVE A STUDENTS RECORDS WITHOUT WRITTEN CONSENT FOR RELEASE.**

\_\_\_\_\_  
(Records Clerk)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Parent/Guardian)

\_\_\_\_\_  
Date