



WEST GLACIER ELEMENTARY
SCHOOL DISTRICT NO. 8

P.O. Box 309 Phone: 406 888 5312
160 Old River Bridge Rd Fax: 406 888 5141
West Glacier, MT 59936

REQUEST FOR TRANSFER OF ALL EDUCATION RECORDS

To: _____
(Name of previous school attended)

(Address)

(City, State, Zip)

Name of Student	Birthday	Entering Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

This student last attended your school during the _____ school year and has enrolled in West Glacier School District #8.

Please send, by first class mail, copies of:

- _____ Complete transcript and withdrawal grades
- _____ Attendance & Health records
- _____ Test Scores
- _____ *Psychological Reports
- _____ *Special Education Records/Information
- *These records need parent's signature

We agree to observe confidentiality on all material.

Signature of Parent or School Official

Date

A school district in which a student enrolls may request student records from a school the student last attended without a parent signature of approval. Se "Privacy Act" Section 438, subsection (b)(1), parts A & E Page 97, as amended in 1976, 20 U.S.C. Sec. 1232 g (B) (1) (A)