Yaak School District #24

29893 Yaak River Rd.
Troy, Montana 59935

Phone: (406) 295-4805
Email: yaakteacher@yaakschool.org

RELEASING SCHOOL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

REGARDING:

STUDENT NAME: _____

BIRTHDATE: _____ GRADE: _____

RECEIVING SCHOOL: YAAK SCHOOL DISTRICT #24

REQUESTING OFFICIAL NAME: Sabre' Alderete_____

SIGNATURE: _____ TITLE: Head Teacher_____

Please send the following student records:

_____ Academic Records

_____ Transcripts

_____ Health and Immunization Information

_____ Special Education and/or Chapter Records (if applicable)

_____ All of the above

I acknowledge notification of this transfer of records as required by the Family Educational Rights and Privacy Act of 1974 and understand that I have a right to receive a copy at my own expense, if requested, and have an opportunity for a hearing to challenge the contents of the records. I understand that the information transferred will be treated in a confidential manner and will be transmitted to a third party only through procedures in compliance with the law.

Parent Signature: _____

Date: _____

Parent, please complete all gray areas.