

**Dayton Elementary School
P.O. Box 195
Dayton, MT. 59914**

**Phone No: 406-849-5484
Fax No: 406-849-5485**

Request for Student Records

School

Date

Address

City State Zip

_____, a former student in the _____ grade of your school has enrolled in the Dayton Elementary School. Please forward all records pertaining to this student to:

**Dayton Elementary School
P.O. Box 195
Dayton, MT. 59914**

- Please include:
- * Cumulative file
 - * All health information
 - * Any Special Education records, including psychological testing and current IEP
 - * Any Gifted and Talented records

Principal Signature

I hereby give my permission for all records of the above named student to be transmitted to the Dayton Elementary School. I have been notified of my right to receive a copy of the records, to review the records and to have a hearing to remove or correct any information that is inaccurate, misleading, or otherwise violates the student's right to privacy, or other rights.

Signature of Parent or Guardian