

Signature

Beaverhead County High School

104 North Pacific Street Dillon, MT 59725 (406) 683-2361 Fax 683-5263



CONSENT TO RELEASE RECORDS

Student	Graduation Year
DOB	
Records Requested by	
Sent to:	
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_	
Records Requested:	
BCHS will maintain a record of all requests and/or diname of the party making the request, any additional	ily Educational Rights and Privacy Act of 1974 and Beaverhead County High School policy, isclosures of information from a student's educational records. The record will indicate the all party to whom the information may be redisclosed, and the legitimate interest the party record may be reviewed by the parents or eligible student.
I have been informed that Beaverhead County High opportunity to review the records.	School has received a request for the above records, and I have been provided with an

Date