



## Request for Transfer of All Educational Records

Somers School District #29

Name of Previous School: \_\_\_\_\_

City, State: \_\_\_\_\_

Email: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Student Name	Date of Birth	Grade Entering

We authorize the release of ALL educational records pertaining to the student(s) listed above.

This includes:

\*Complete Transcript      \*Health/Immunization Records      \* Testing Scores  
\*Attendance Records      \*Special Education Records      \*Behavior Records/ Psychological Reports

Parent/Guardian Signature: \_\_\_\_\_

Office Signature: \_\_\_\_\_

\* school in which student enrolls may request student records from a school the student fast attended without a parent signature approval.

See "Privacy Act. " 'Section 438\* Subsection (b) pans A & E 97, as amended

### Requesting School(s)

<p>Somers Middle School (Grades 5-8) ATTN: RECORDS 315 School Addition Road Somers, MT 59932 Tele: (406)857-3661 Fax: (406)857-3144 Email: <a href="mailto:vanessa.barrett@somersdist29.org">vanessa.barrett@somersdist29.org</a></p>	<p>Lakeside Elementary School (Grades K-4) ATTN: RECORDS 315 School Addition Road Somers, MT 59932 Tele: (406)844-2208 Fax: (406)844-4609 Email: <a href="mailto:allie.massie@somersdist29.org">allie.massie@somersdist29.org</a></p>
---	---