

# FORTINE ELEMENTARY SCHOOL



SCHOOL DISTRICT # 14  
BOX 96 MEADOW CREEK ROAD  
FORTINE, MONTANA 59918

PHONE: (406) 882- 4531

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## REQUEST FOR TRANSFER OF EDUCATIONAL RECORDS FROM OUT-OF-DISTRICT SCHOOLS

To: School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Re:	Student(s) Name	Grade
	_____	_____
	_____	_____
	_____	_____
	_____	_____

**PLEASE FORWARD ALL EDUCATIONAL RECORDS OF THE ABOVE NAMED STUDENT(S) TO:**  
Fortine Elementary School Box 96 Meadow Cr. Rd. Fortine, Montana 59918

- \_\_\_\_\_ **1. PROGRESS RECORDS:** Transcripts of grades and courses taken, records of attendance, tests relating specifically to achievement or measurement of ability.
- \_\_\_\_\_ **2. BEHAVIORAL RECORDS:** Include psychological tests, special education records, personality evaluations, records of conversations and any written transcript of incidents relating specifically to student behavior.
- \_\_\_\_\_ **3. HEALTH AND MEDICAL RECORDS.**

Thank you,

\_\_\_\_\_  
School Official

\_\_\_\_\_  
Date

I authorize the release of the indicated educational records to the above school.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date