

**CARBON COUNTY
SUPERINTENDENT OF SCHOOLS**

RECORD REQUEST FORM

DATE: _____

TO: _____
School District

Mailing Address

City State Zip

PLEASE FORWARD MY CHILD'S PERMANENET RECORDS TO:

CARBON COUNTY SUPERINTENDENT OF SCHOOLS
P.O. BOX 116
RED LODGE, MONTANA 59068

CHILDS NAME _____

GRADE _____

BUILDING _____

REASON FOR TRANSFER: HOME SCHOOL

I AUTHORIZE THE RELEASE OF THE ABOVE NAMED STUDENT'S PERMANENET RECORDS AND WAIVE THE RIGHT TO REVIEW THE RECORD PRIOR TO TRANSFER TO THE COUNTY SUPERINTENDENT.

Parent's Signature _____

Date _____