

**VAUGHN PUBLIC SCHOOL
PO BOX 279 VAUGHN, MT 59487
(406) 965-2231/2232**

REQUEST FOR STUDENT RECORDS

PARENT RELEASE

I do hereby authorize:

_____ (School last attended)

_____ (Street Address)

_____ (City, State, Zip Code)

to release to Vaughn School any and all health, scholastic, psychological, special education, Title 1 and the immunization records accumulated for the following students.

Name _____

Grade _____

Name _____

Grade _____

Name _____

Grade _____

Name _____

Grade _____

Signature of Parent/Guardian

Date

Please forward all records to:

**Vaughn Public School
PO Box 279
Vaughn, MT 59487**

Fax: (406) 965-3703