



Lockwood School District #26
1932 US Hwy 87 E
Billings, MT 59101

Date _____

2nd Request _____

Release/Request of Student Records

Records Rcv'd _____

Previous School
Previous School Address
City _____ State _____ Zip _____
Previous School Phone # _____ Previous School Fax # _____

The following student(s) have enrolled in our school district:

LAST NAME	FIRST NAME	MI	DOB	GRADE
_____	_____	_____	____/____/____	_____
_____	_____	_____	____/____/____	_____
_____	_____	_____	____/____/____	_____
_____	_____	_____	____/____/____	_____

Please fax immunizations records and birth certificate(s) for the student(s) listed.

We would appreciate receiving all information concerning the above student(s), including:

- | | | | |
|--------------------|---------------------------|-----------------------|--------------------------|
| Cumulative Records | Special Education Records | Psychological Testing | Counseling Records |
| Health Records | Attendance Records | Behavioral Records | Extended Studies Records |

Please contact us at the numbers listed:

- | | | |
|--|-------------------------------------|-------------------|
| <input type="checkbox"/> Attention: Lockwood Primary PS-2 | Phone: 406-252-2776 <i>Option 1</i> | Fax: 406-256-0373 |
| <input type="checkbox"/> Attention: Lockwood Intermediate 3-5 | Phone: 406-248-3239 <i>Option 2</i> | Fax: 406-248-4836 |
| <input type="checkbox"/> Attention: Eileen Johnson Middle School 6-8 | Phone: 406-259-0154 <i>Option 3</i> | Fax: 406-259-3832 |

I give permission for all records to be released to Lockwood School District #26

Signature _____	Relationship to student(s) _____	Date _____
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