COLUMBUS ELEMENTARY SCHOOL

JEFF BERMES, SUPERINTENDENT
MARLENE DEIS, PRINCIPAL
218 E. 1ST AVE. NORTH, COLUMBUS, MT 59019
PHONE & FAX NO.: (406) 322-5371

REQUEST FOR TRANSFER OF STUDENT TRANSCRIPTS

Date _____

I hereby authorize _____School

_____.
Street Address City State Zip Phone No.

TO RELEASE:

1) Cumulative Records Yes_____ No_____

2) Health/Immunization Records Yes_____ No_____

3) Psychological Report Yes_____ No_____

4) IEP Yes_____ No_____

5) Special Education Testing Yes_____ No_____

6) Medical Yes_____ No_____

7) Speech/Language Records Yes_____ No_____

For:_____
Student's Name Birthdate

Pursuant to Federal Legislation (P.L. 93-380)

Please forward this information to: **Columbus Elementary School**
Marlene Deis, Elementary Principal
218 E. 1st Ave. N.
Columbus, MT 59019

_____
Parent or Guardian Signature Date