



Lockwood School District #26

Release/Request of Student Records



Previous School		
Mailing Address		
City	State	Zip
Phone #:	Fax#:	

Date: _____

2nd request: _____

Records rec'd _____

The following students have enrolled in our school district:

Name: Last	First	MI	Date of Birth	Grade

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

We would appreciate receiving all information concerning these students, including;

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

Please mail/fax this information to us at:

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

- Attention: Lockwood Primary School (Grades PS - 2) Ph: 406-252-2776 F: 406-256-0373
- Attention: Lockwood Intermediate School (Grades 3-5) Ph: 406-248-3239 F: 406-256-0373
- Attention: Lockwood Middle School (Grades 6-8) Ph: 406-259-0154 F: 406-259-3832

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

Signature	Relationship to student(s)	Date