

# Yaak School District #24

29893 Yaak River Rd.  
Troy, Montana 59935

Phone: (406) 295-4805  
Email: [yaakteacher@yaakschool.org](mailto:yaakteacher@yaakschool.org)

RELEASING SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

REGARDING: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ GRADE: \_\_\_\_\_

RECEIVING SCHOOL: YAAK SCHOOL DISTRICT #24

REQUESTING OFFICIAL NAME: \_\_\_\_\_ Sabre' Alderete \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ Head Teacher \_\_\_\_\_

Please send the following student records:

\_\_\_\_\_ Academic Records

\_\_\_\_\_ Transcripts

\_\_\_\_\_ Health and Immunization Information

\_\_\_\_\_ Special Education and/or Chapter Records (if applicable)

\_\_\_\_\_ All of the above

I acknowledge notification of this transfer of records as required by the Family Educational Rights and Privacy Act of 1974 and understand that I have a right to receive a copy at my own expense, if requested, and have an opportunity for a hearing to challenge the contents of the records. I understand that the information transferred will be treated in a confidential manner and will be transmitted to a third party only through procedures in compliance with the law.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent please complete the gray areas