



ANDERSON SCHOOL DISTRICT NO. 41

10040 COTTONWOOD ROAD  
BOZEMAN, MONTANA 59718

CONFIDENTIAL RELEASE FORM

To: \_\_\_\_\_

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

\_\_\_\_\_

FAX # \_\_\_\_\_

Parental Release form to comply with Federal law concerning Family Educational Rights and Privacy Act.

We ( I) the parent or legal guardian for:

\_\_\_\_\_ give our (my) permission to have the following records, or reports forwarded to:

Anderson School District # 41  
10040 Cottonwood Road  
Bozeman, MT 59718  
FAX # 406-587-2501  
PH. # 406-587-1305

\_\_\_ Cumulative Records    \_\_\_ Behavioral Records    \_\_\_ Medical Records

\_\_\_ 504 Records    \_\_\_ Special Education Files    \_\_\_ Psychological Info.

\_\_\_ Testing    \_\_\_ Other

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

\_\_\_\_\_  
Counselor/Student Signature