

**CONSENT TO RELEASE RECORDS**

**Student** \_\_\_\_\_ **Graduation Year** \_\_\_\_\_

**Records Requested by** \_\_\_\_\_

**Sent to:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Records Requested:**

_____	_____
_____	_____

Consistent with the provisions of the Family Educational Rights and Privacy Act of 1974 and Beaverhead County High School policy, BCHS will maintain a record of all requests and/or disclosures of information from a student's educational records. The record will indicate the name of the party making the request, any additional party to whom the information may be redisclosed, and the legitimate interest the party had in requesting or obtaining the information. The record may be reviewed by the parents or eligible student.

I have been informed that Beaverhead County High School has received a request for the above records, and I have been provided with an opportunity to review the records.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date