

FLATHEAD HIGH SCHOOL

644 4th Avenue West

Kalispell, MT 59901

Phone 406-751-3525

FAX 406-751-3605

Email:

cassandra.anthony@sd5.k12.mt.us



RELEASE OF INFORMATION / TRANSCRIPT REQUEST

NOTE: CLEAR COPY OF PICTURE ID (DRIVER'S LICENSE, STATE/MILITARY ID) MUST ACCOMPANY THIS REQUEST

Student Name Last: _____ First: _____

Phone Number: _____ Email: _____

Name at time of attendance (if different): _____

_____ Graduated in (year) _____

_____ Withdrew in (year) _____

_____ Transferred in (year) _____

Requesting:

_____ Transcript

_____ Other (if available, please describe) _____

I, _____, do hereby give my permission
(Print first and last name)

for release of the above information to

Name/Institution: _____

Mailing Address: _____

(if student is 18 or older, must be signed by student; if under 18 must be signed by parent/legal guardian of student)

Date

Signature

