



To: _____
Fax or Email: _____

Viewmont High School

Request for Student Records

This certifies that the student named below has enrolled at Viewmont High School.

_____	_____	_____
STUDENT NAME	DATE OF BIRTH	GRADE
_____		_____
SCHOOL LAST ATTENDED	CITY, STATE	

Please EMAIL or MAIL a signed *official* transcript.

ALSO, if student has an IEP/504, please MAIL the file.

Viewmont High School
Attn: Registrar
120 West 1000 North
Bountiful, Utah 84010

FAX: 801-402-4201
EMAIL: VHSregistrar@dsdmail.net

THANK YOU FOR YOUR ASSISTANCE!
Viewmont Counseling Office: 801-402-4207