

**FLATHEAD HIGH SCHOOL**

644 4th Avenue West

Kalispell, MT 59901

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**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

