

FLATHEAD HIGH SCHOOL

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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

