



Glacier High School

375 Wolfpack Way, Kalispell, MT 59901

(406) 758-8600 ext8632 (406) 758-8626 (fax) Nicole.Suho@sd5.k12.mt.us

TRANSCRIPT REQUEST / RELEASE OF INFORMATION

To request an official GHS transcript:

- Print & complete this form
- Original signature required for release of transcript (not computer generated)
- Return to GHS Counseling Center by hand delivery, mail, email or fax
- Allow 3 days to process the request

I, _____,

(PRINT student's first and last name)

do hereby give my permission to Glacier High School to release my Transcript.

Student Signature: _____

(Parent Signature Required if Under 18)

Graduation Year or Year Last Attended: _____

Today's Date: _____

Contact telephone number: _____

(For clarification if needed)