

RECORDS CERTIFICATION

I, _____, the duly appointed custodian of records for the
(name of custodian of records)

Corvallis School District No. 1, Ravalli County, State of Montana, pursuant to § 20-1-213,

MCA, do hereby certify that the attached is a true and correct copy of the student records of

_____, maintained in my possession and under my control.
(name of student)

DATED this _____ day of _____, 20_____.

Custodian of Records

Corvallis School District No. 1

SEAL