



CORVALLIS SCHOOL DISTRICT
PO Box 700, Corvallis MT 59828
RECORDS REQUEST

Corvallis Middle School

Grades 5-8

Phone: 406-961-3007

Fax: 406-961-8876

Date: _____

School Year: _____

Student Name: _____

Date of Birth: _____ Current Grade: _____

Previous School Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Please **FAX** the following information so that registration can be completed:

_____ Transcript (High School Only: Please write the number of credits required to graduate from your high school.)

_____ Immunizations _____ Birth Certificate

_____ Withdrawal Grades (if mid-year transfer)

_____ Other: _____

Please **MAIL** this student's cumulative file, including special education records, if applicable, to the attention of:

Middle School: _____ Rich Durgin, CMS Principal x202

FAXED BY: _____

DATE/TIME: _____