



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

Corvallis High School
Grades 9-12
Phone: 406-961-3201
Fax: 406-961-4894

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:

High School: _____ Cammie Knapp, Academic Dean x112 _____ Alexis Holland, Counselor x104

Middle School: _____ Rich Durgin, CMS Principal x202

FAXED BY: _____

DATE/TIME: _____