



CORVALLIS HIGH SCHOOL

PO Box 700, Corvallis MT 59828
Phone: 406.961.3201 Fax: 406.961.4894

RECORDS REQUEST

Date: _____

Student Name: _____

Date of Birth: _____ Current Grade: _____

Previous School Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Please email the following information to Laura Fison: lauraf@corvallis.k12.mt.us

- _____ Transcript
- _____ Immunizations
- _____ Birth Certificate
- _____ Withdrawal Grades (if mid-year transfer)
- _____ Other: _____

Please MAIL this student's cumulative file, including special education records, to:

Corvallis High School
PO Box 700
1045 Main Street
Corvallis, MT 59828

FAXED BY: _____
DATE: _____
TIME: _____