



Phone: 406-364-5180  
Fax: 406-365-5181  
PO Box 1009 Glendive, MT 59330  
www.MountainViewCHS.com

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## Record Release Form

Receiving counselor,

\_\_\_\_\_ has enrolled with Mountain View Christian

Home School in the \_\_\_\_\_ grade.

Please forward all academic records to:

**Mountain View Christian Home School**  
**PO Box 1009**  
**Glendive, MT 59330-1009**

Thank you for your cooperation.

Melissa  
MVCHS

### PERMISSION FOR RELEASE OF SCHOOL RECORDS

I hereby grant permission for:

\_\_\_\_\_  
School

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

to release any records to Mountain View Christian Home School where my student is currently enrolled.

\_\_\_\_\_  
Student (Last, First)

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date