



Phone: 406-377-5180
Fax: 406-377-5280
PO Box 1009, Glendive, MT 59330-1009
www.MountainViewCHS.com

Record Release Form

Receiving counselor,

_____ has enrolled with Mountain View Christian

Home School in the _____ grade.

Please forward all academic records to:

Email: Melissa@mountainviewchs.com or Fax: 406-377-5280

**Mail: 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

Date