



Phone: 406-377-5180  
Fax: 406-377-5280  
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:

**Email: [Melissa@mountainviewchs.com](mailto: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