



Phone: 406-377-5180  
PO Box 1009,  
Glendive, MT 59330-1009  
[www.MountainViewCHS.com](http://www.MountainViewCHS.com)

## Record Release Form

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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) Fax: 406-377-5180**

**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