



Capital High School

100 Valley Drive
Helena, MT 59601
Business Office 406-324-2500
Fax 406-324-2501

FAXED:
1st Request _____

2nd Request _____

If you do not mail out cumulative files,
please fax us back letting us know.

Release of Records

Date: _____

Permission is hereby granted to the following school to release to the Registrar, at the above address:

- ❖ Official transcript of credits & grades
- ❖ Discipline/Expulsion/Other
- ❖ Withdrawal Grade & Credits
- ❖ Immunizations
- ❖ Birth Certificate
- ❖ Special Education Records – (IEP, 504, etc) please forward to your Spec Ed Dept
- ❖ Health Records
- ❖ Cumulative Records – please mail (if you do not mail out files, please let us know)
- ❖ Date of entrance & date of withdrawal
- ❖ Results of standardized tests
- ❖ Any other confidential information

Student: _____

Birthdate: _____

Current Grade: _____

School Coming From: _____

Former School: Address: _____

City/State/Zip: _____

Telephone: _____

Fax: _____

Thank you for your time and assistance.
Sincerely,

Michelle M. Adsem
Records Secretary
Capital High School