



Records request

Culbertson Public School District #17

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P.O. Box 459 423 1st Ave. West
Culbertson, MT 59218
406.787.6241 406.787.6244
(phone) (fax)

Request for Student Records

The following student has enrolled in Culbertson Public School District. Please fax the following items to us:

- The student's immunization record
- A copy of the student's birth certificate
- The student's current report card or transcript

Please mail all records pertaining to this student including the following:

- Cumulative Folder
- Transcript
- Immunization Records
- Test Records
- All Special Education records including Speech and Language
(Please forward this request to your Special Education Department Manager)

Date: _____

Student: _____ Grade: _____

Birth date: _____

Previous School: _____

Address: _____

Phone: _____

Fax: _____