



IMPORTANT INFORMATION

A PHOTOCOPY OF PICTURE ID MUST ACCOMPANY REQUEST

- 1. Create a separate form for each request
- 2. Print, sign and date the form and send/fax to Fergus High School
- 3. A nominal fee may be charged for records

Fergus High School

Registrar
1001 Casino Creek Dr.
Lewistown, MT 59457

Phone: 406-535-2321
Fax: 406-535-3835

www.lewistown.k12.mt.us

Date of Request

Student Last name First name Middle

Date of birth Last year attended Previous Names

Check the records you are requesting

Immunization Records Transcript Other:

If student is over 18 - WRITTEN PERMISSION FROM THE STUDENT MUST ACCOMPANY THIS FORM

Person making request (if other than student) Relationship to student (if other than student)

How may we contact you if we have questions?

Phone email

To whom would you like the information delivered?

Name

Organization

Address

City

State Zip Code

BEFORE SENDING - REMEMBER TO

- SIGN & DATE
- ENCLOSE PHOTOCOPY OF ID

Signed By _____ Date _____

FOR OFFICE USE ONLY

DATE RECEIVED/BY _____

DATE PROCESSED/BY _____