

2  
3 **RECORDS CERTIFICATION**

4  
5  
6 I, (name of custodian of records), the duly appointed custodian of records for the St.  
7 Regis School District No. 1, Mineral County, State of Montana, pursuant to ' 20-1-213, MCA,  
8 do hereby certify that the attached is a true and correct copy of the student records of (name of  
9 student), maintained in my possession and under my control.

10  
11 DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

12  
13  
14  
15 \_\_\_\_\_  
16 Custodian of Records  
17 St. Regis School District No. 1  
18

19  
20 ( S E A L )  
21