

Northwest Arctic Borough School District PO Box 51

Kotzebue, AK 99752 Phone: (907) 442-1800

Consent to Release High School Transcripts

Please fill out and sign this form and either fax or email it to: Fax: 866-929-1167

Email: registrar@nwarctic.org

	Parents (or s	nwarctic.org (Our Dist	ADMINISTRAT BSD	online at:
Your full legal nam	e (please lis	maiden name if married	<u> </u>	Today's date
Date of birth				Your phone number
Year of graduation				Last school attended
*Transcripts will on met (laptop fees, lun	•	ed when all financial obl	ligations to the NW Arctic I	Borough School District are
	Parent/0	Guardian signature (or St	udent if at least 18 years of	f age)
I am requesting (ple	ease circle):	Official Transcript	Unofficial Transcript	Copy of Diploma
Number of copies:				
		NW Arctic Borough Schecords are to be sent):	nool District to send the abo	ove requested records to

Rev. October 2015