



NORTHWEST ARCTIC BOROUGH SCHOOL DISTRICT

P.O. Box 51

Kotzebue, AK 99752

PH: (907) 442-3472

FAX: (907) 442-2392

CONSENT TO RELEASE EDUCATION RECORDS

I hereby consent to the release by the Northwest Arctic Borough School District of the education records specified below of: _____,

Student's name

whose birthdate is ____/____/____. Release is authorized to the following individual, agency, and/or organization: _____ for

the following purpose(s): _____. Please

provide a mailing address for any or all individuals, agencies and/or organizations you are requesting a transcript for. Name of school graduated from _____

Date of Graduation ____/____/____.

*If **NOT** a graduate, send this request directly to school site.*

The education records to be released are those checked below:

- Transcripts Attendance Records Health Records
 Special Ed. Records Psychological & Counseling Records Birth Certificate
 Disciplinary Records All the above
 Others as described: _____

I understand that by consenting to the release of the above-specified education records, the party to whom those records will be released is not to permit any other party to have access to those records without my written consent, unless required by law. I further understand that it is my right to have a copy of the records to be released.

I **DO** or **DO NOT** request a copy of such records.

DATED at _____, Alaska, this _____ day of _____, 20__.

Signature of Parent/Guardian or Student if at least 18 years of age

Mailing Address _____

City _____ State _____ Zip _____

Telephone (____) _____ Fax (____) _____