



NORTHWEST ARCTIC BOROUGH SCHOOL DISTRICT

P.O. Box 51

Kotzebue, AK 99752

PH: (907) 442-1875

FAX: (907) 442-2141

**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 \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
 Signature of Parent/Guardian or Student if at least 18 years of age  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_