



NORTHWEST ARCTIC BOROUGH SCHOOL DISTRICT

Ambler · Buckland · Deering · Kiana · Kivalina · Kobuk · Kotzebue · Noatak · Noorvik · Selawik · Shungnak
PO Box 51 · Kotzebue, Alaska 99752 · Phone (907) 442-1857

TRANSCRIPT REQUEST FORM

Please fax this form to 866-929-1167 or scan and email it to registrar@nwarctic.org

Student name (include maiden name if married): _____

Your phone number: _____ Birthdate: _____

Year graduated or last attended: _____ Name of school: _____

UNOFFICIAL TRANSCRIPT BY EMAIL

Email address to send transcript to: _____

EMAIL DISCLOSURE: I have requested my transcript to be sent via unencrypted email. I acknowledge that there is some risk that the email may be intercepted during transmission and read by a third party. I acknowledge that the Northwest Arctic Borough School District has advised me of this risk and that the Northwest Arctic Borough School District is not responsible for unauthorized access during transmission. I further acknowledge that the Northwest Arctic Borough is not responsible for safeguarding my information once it has been delivered. By signing below I affirm that I still want to receive my records via unencrypted email.

Signed: _____ Date: _____

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

OFFICIAL TRANSCRIPT BY MAIL

Number of Official Transcripts: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

I hereby give my consent to the for the above requested records to mailed address(es) listed.

Signed: _____ Date: _____

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