

NOTE TO PARENT: Official records are required for your child's cumulative folder. Please provide necessary information on * lines only, and **return with admissions packet.**

STUDENT RECORDS REQUEST

TO: REGISTRAR:

* _____
(School Name)

* _____
(Address)

* _____
(City, State, Zip)

SEND RECORDS TO:



2901 Huffman Road
Anchorage, Alaska 99516
Phone: (907) 345-3712 or Fax: (907)345-2910
kathy@akseas.com

NAME OF STUDENT	BIRTHDATE	GRADE
* _____	* _____	* _____

Last attended your school _____

Please forward the following information:

- _____ Complete Transcript with Grade to Date
- _____ Test Scores
- _____ Health Records
- _____ Disciplinary Records

Signature of School Official Date

*Signature of Parent/Guardian Date