

Student Records Request

Fairbanks North Star Borough School District
 520 Fifth Avenue - Fairbanks, Alaska 99701
 Ph: (907) 452-2000 X 11212 Fax: (907) 452-3312



Fill out this form online or print it and fill it out by hand. Sign it, then send it along with an **enlarged copy of your identification card** to the address or fax number listed on left. Or email it to: transcripts@k12northstar.org

DATE: _____

Student's Name: (Please provide name(s) used while attending school.)		Current Name:		Student's DOB:
Last Fairbanks N.S. Borough School attended	Last Year Attended	Did Student Graduate?		Year Graduated
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Person / Agency requesting records & phone number:		Graduating School:		

TYPE OF RECORDS REQUESTED:

Student Transcript: (COLLEGES & UNIVERSITIES WILL ONLY ACCEPT OFFICIAL COPIES)		<input type="checkbox"/> Shot Record	<input type="checkbox"/> Report Card Year / Semester _____
<input type="checkbox"/> Official Number of Copies	<input type="checkbox"/> Unofficial Number of Copies	<input type="checkbox"/> Proof of Age/Attend	<input type="checkbox"/> Other _____

WHERE RECORDS ARE TO BE SENT:

NAME / SCHOOL:			NAME / SCHOOL:		
ADDRESS:			ADDRESS:		
CITY:	STATE:	ZIP:	CITY:	STATE:	ZIP:

FAXED or EMAILED records are considered UNOFFICIAL.

Phone Number:	FAX Number:	Phone Number:	FAX Number:
EMAIL Address:		EMAIL Address:	

IDENTIFICATION VERIFICATION

X	X
_____ Signature of Student / Legal Guardian	_____ Identification Number

(A photocopy of the signer's identification card is required to verify their signature.)

OFFICE USE ONLY

RECORDS WERE FOUND:	<input type="checkbox"/> OPTIX	<input type="checkbox"/> GRAD DRAWER	Microfilm	REEL _____	FRAME _____
	<input type="checkbox"/> DEPOT	<input type="checkbox"/> OTHER _____		REEL _____	FRAME _____
				REEL _____	FRAME _____

EMPLOYEE INITIALS: _____	PICKED-UP / SENT DATE: _____	STUDENT NUMBER: _____
--------------------------	------------------------------	-----------------------