**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

| DATE: ____________________________ |

**Student’s Name:** (Please provide name(s) used while attending school.)  
**Current Name:**  
**Student’s DOB:**  

<table>
<thead>
<tr>
<th>Last Fairbanks N.S. Borough School attended</th>
<th>Last Year Attended</th>
<th>Did Student Graduate?</th>
<th>Year Graduated</th>
</tr>
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<tr>
<th>Person / Agency requesting records &amp; phone number:</th>
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<tr>
<th>Graduating School:</th>
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**TYPE OF RECORDS REQUESTED:**

- [ ] Student Transcript:  
  - Official  
  - Unofficial

| TYPE OF RECORDS REQUESTED | Report Card  
|----------------------------| Year / Semester__________|
| __________________________|__________________________|
| [ ] Shot Record:  
  - [ ] Proof of Age/Attend:  
  - Other__________|

**WHERE RECORDS ARE TO BE SENT:**

- NAME / SCHOOL:  
- ADDRESS:  
- CITY:  
- STATE:  
- ZIP:  
- NAME / SCHOOL:  
- ADDRESS:  
- 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 Signature of Student / Legal Guardian  
- X Identification Number

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

**OFFICE USE ONLY**

- RECORDS WERE FOUND:  
  - [ ] OPTIX  
  - [ ] GRAD DRAWER  
  - [ ] DEPOT  
  - [ ] OTHER

- Microfilm:  
  - REEL__________ FRAME__________
  - REEL__________ FRAME__________
  - REEL__________ FRAME__________

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

Revised: 5/30/2014