Alaska Gateway School District Official Transcript Request Form

Current or former students *Complete this form and sign below*			
Last Name	**First Name**	**M.I.**	**Suffix**
Previous/Former Names			
School(s) attended in AGSD			
Date of Birth	**Contact Number**	**Email Address**	

Mailing Instructions for your Transcript

Address/Addresses where you want your Alaska Gateway School District transcript sent

Address 1	**Number of Transcripts**	**Address 2**	**Number of Transcripts**
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	

AUTHORIZATION: This request will not be processed without a handwritten signature.

Student's Signature _____ **Date** _____

OFFICE USE ONLY:
Verified by: Completion Date:

Alaska Gateway School District
Transcript Office
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