Transcript Request Form



One form per student.

Submit to: totem@hydaburg.k12.ak.us	•

I am requesting an Off	icial Transo	cript for the student	listed below:		
Student Name					
Date of Birth					
Last Year Attended					
Person requesting:					
I certify that I am a per	son who h	as a right to request	this documer	nt.	
	Parent/Gu	ardian			
	Student/A	dult-Self			
Send Transcript to the	following:				
Name (Person/Organi	zation)				
Address					
(Street, City, State, Zi	p)				
Email					
		•			
Parent/Guardian/Adult Student Signature				Date	

A typed signature qualifies as official.