

RECORD RELEASE

Office of the Registrar P.O. Box 749 Barrow, AK 99723 Phone: 907.852.1757 or 1763

Fax: 907.852.1784

Student's Name:	(Last)			SS#	
	(Last)	(first)	(Middle)		
Maiden or other	names used:		Bir	thdate:	
Records requeste	ed: 🔲 Acceptance Let	tter 🔲 Verification	of Enrollment	☐ Grades	☐ Schedule
By: ☐ Mail	□ Fax □ Email	Attention To:			
		Eman Address			
Records requeste	ed: 🗆 Acceptance Let	tter 🛚 Verification	of Enrollment	\Box Grades	☐ Schedule
By: \square Mail	☐ Fax ☐ Email	Attention To:			
Records requeste	ed:	ter	of Enrollment	☐ Grades	☐ Schedule
By:	☐ Fax ☐ Email	Attention To:			
Address:					
Records requeste	ed: Acceptance Let	ter U Verification	of Enrollment	☐ Grades	☐ Schedule
By: ☐ Mail	☐ Fax ☐ Email	Attention To:			
Address:					
Fax #:		Email Address:			
I hereby give my	permission to release the	se records:			
Signature:				Date:	
Records Sent On:	Ву:				