



Yukon-Koyukuk School District
Office of the Registrar
Phone: (907) 374-9415
Fax: (907) 374-9449
Email: registrar@yksd.com

Request for Records

Student Information:

Student's Name: _____ DOB: _____

School Attended: _____

Graduation Date (if applicable): _____

Who you are:

Relation to student (*circle one*):

Self Parent Legal Guardian

Verification Agency Other

If other, please explain:

*Please provide proof of identification included with this request. This can be a state-issued ID or license, a tribal ID, a birth certificate, or a passport. If you are an agency requesting information on the student's behalf, please also provide a sign release of information.

Records Requested:

What records are you requesting (*circle as many that apply*):

Official Transcripts

Birth Certificate

Shot Record Other

If other, please explain:

Where are these records being sent (*fax number, email address, or mailing address*):

*Please allow 5 business days for this request to be completed. If this is a time-sensitive request, please indicate this on the form.

Signature: _____ Date: _____

For official use only
Date received: _____ Date completed: _____ Initial: _____