

Online Records Request:

First Name:

Middle Name:

Last Name:

If applicable, Maiden Name:

Date of Birth:

Class or Year Graduated:

Phone Number:

Email Address:

Current Mailing Address:

Street Address:

City:

State:

Zipcode:

Additional Comments: *(Enter "None" if you do **NOT** have any additional comments)*

Records being requested

Unofficial AMYA Transcript

ASVAB - Armed Services Vocational Aptitude Batter Scores

Official AMYA Transcript

TABE - Test for Adult Basic Education Scores

WorkKeys Assessment Test Scores

All the above

Official & Unofficial GED Diploma - *All Official & Unofficial copies must be requested through the State of Alaska GED Office. Phone: 907-465-4685, Email: ged@alaska.gov*

Send the above requested records to:

Name/School/Company:

Email Address:

Mailing Address:

Fax Number:

AUTHORIZATION CERTIFICATION:

My initials herein certify, and verify, that I, as a representative of a school district, charter school, or private school compliant with Public Law 93-380, Educational Rights and Privacy Act, have express need, and WRITTEN CONSENT from the guardian of this student to request this student's information from the above district for the purpose of completing the cumulative record of a student that has enrolled within the school district, charter school or private school that I represent. I understand that I, as the recipient of the record(s) agree to use said document(s) for legitimate interests only and that the information contained therein shall not be further transferred or communicated to any other unauthorized person or agency, whether inside or outside of the school district, charter school, or private school that I represent without the expressed written consent of the or guardian of the student, except under authority of Public Law 93-380, Educational Rights and Privacy Act. I certify this information as complete and accurate to the best of my knowledge. I understand that an incomplete request form will not be processed and will be considered closed after expiration of the 30-day notification window. I declare under penalty of perjury that the foregoing is true and correct.

AMYA has 21 working days to process your request. Any questions or concerns please email mva.amya.registrar@alaska.gov or call 907-428-7343.

Initials