



THE STATE
of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Military and Veterans Affairs

Alaska Military Youth Academy

P.O. Box 5727
JBER, AK 99505-0727

ACADEMIC RECORDS REQUEST AUTHORIZATION

Please complete: **This request will be submitted by AMYA staff on start date of cycle to obtain most current transcript.**

TO: _____ (Last School of Record)

_____ (Address or Fax#)

My child/ward, _____, date of birth: _____,

SSN (or student ID number) _____

Requested information: In order for Academy staff to be able to place the student at the proper academic level, the Academy needs copies of all his/her school medical, academic and counseling records, including but not limited to their official transcript, any Individual Education Plan (IEP) or 504 plan used during school grades 7-12.

Are you currently enrolled in school or GED program?

☐ No : Last school attended _____ Last date attended _____

☐ Yes : School Name _____

How many high school credits do you currently have? * _____

Have you ever been diagnosed with a learning disability? ☐ No ☐ Yes Explain: _____

Do you have an IEP/504 plan and/or require any special education needs? ☐ No ☐ Yes Explain: _____

Please send the requested copies to:

Alaska Military Youth Academy Registrar
PO Box 5727 JBER, AK 99505-0727
Fax: 907-428-7385
mva.amya.registrar@alaska.gov

For Any Academic Questions

Please Call: 907-428-7338 or 907-428-7308

X Signature of Parent/Legal Guardian/or applicant if 18

Date

AMYA ACADEMICS-Academic Records Request



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**Department of Military and
Veterans Affairs**

Alaska Military Youth Academy

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**Notice of School/GED Withdrawal and/or Non-Attendance
and Need for High School Education and Employment**

The undersigned acknowledges the Alaska Military Youth Academy Candidate/Cadet:

_____, has withdrawn and/or not attending any other school,
(Candidate/Cadet Name)

private, public, homeschool, online or any like program in order to gain high school credits, and
not enrolled or attending any GED (General Education Development) program. I further
acknowledge that the candidate/cadet has not already earned a high school diploma or GED.

I further acknowledge that the candidate/cadet is not employed as of this date.

Printed Name of Parent/Legal Guardian/or applicant if 18

Signature of Parent/Legal Guardian/or applicant if 18

Date

OPTIONAL

Military Recruiter Permission Slip

I, _____, parent or guardian of
(Please print full name)

Cadet _____, give permissions to:
(Please print full name)

Please check all that apply

☐

Allow Cadet to speak one on one with a Military Recruiter

☐

Allow Cadet to participate in MEPS Physical (Military Entrance Processions Station)

Note: The MEPS physical and ASVAB score are valid for two years.

Completing the MEPS Physical does not guarantee Military Enlistment. *

Parent or Guardian Signature

Date

If you have any questions, please contact Mr. Williams at 907-428-7345 or
ramell.williams@alaska.gov



Parental/Legal Guardian Consent for Blood Donation

Dear Parent,

If you are new to donating blood, don't worry. Donating blood is safe. This parental consent form is to provide important information before donating. Please read *before* signing.

Pre-Donation Instructions

The donor should drink plenty of fluids and get plenty of sleep the day **before** donating.

On the day of donation, remind the donor to bring photo identification and this completed form, as **they are required** to donate. Please also ensure the donor eats a good meal including salty snacks on the day of donation. Iron-rich foods such as spinach, 100% iron-fortified ready-to-eat cereal, grits, oatmeal, or beef are helpful after donation to restore lost iron stores.

The Blood Donation Process

Upon arrival at Blood Bank of Alaska (BBA), trained staff will administer a confidential screening. This screening consists of many travel, medical, and risk factor questions and is used to determine donor eligibility to ensure the safety, purity, and potency of the blood supply. Following the screening, a mini-physical is completed. During this physical, the donor's blood pressure, hematocrit levels, temperature, and weight are checked to ensure a safe donation.

During whole blood donation, approximately 500 mL of blood is collected using a sterile, single-use needle. Our trained staff will be present throughout the donation to make sure that the donor is comfortable and not experiencing issues.

Post-Donation Care Instructions

For safety reasons, we ask that the donor remain in our refreshment area and drink fluids and eat salty snacks for at least 15 minutes after donating. Please refer to the post-donation advice card for additional care instructions.

Maintaining a Healthy Iron Level and Donation Frequency

While safe, donating blood depletes iron, an important mineral that helps deliver oxygen throughout the body. To maintain healthy iron levels, we suggest that donors between the ages of 16-17 donate no more than two times a year.

Eating a healthy diet including iron-rich foods is also important in maintaining a healthy iron level. While iron is found in many different foods, not all iron is the same. Heme iron is found only in meat, poultry, and fish and is two to three times more absorbable than non-heme iron. Non-heme iron is found in plant-based and iron-fortified foods.

While vegetarian or vegan diets lack heme iron, healthy iron levels can still be achieved and maintained through carefully planning meals to include iron-rich foods, as well as foods that enhance iron absorption. Non-heme iron-rich foods include tofu, spinach, lentils, whole wheat bread, peanut butter, and brown rice.

While iron supplements may be a good way to achieve and maintain healthy iron levels, they may also be harmful to some individuals. We recommend you check with your healthcare provider or pharmacist before starting iron supplements.



1215 Airport Heights Dr. • Anchorage, AK 99508 • Tel: 907-222-5600 • Fax: 907-222-5683 • www.bloodbankofalaska.org

Risks of Blood Donation

Blood donation is safe and complications are rare; however, some donors may experience bruising, lightheadedness, dizziness, fainting or injuries from falling after fainting. More serious reactions include infection and nerve injury, though these are even rarer.

If symptoms occur following your child's donation, please contact us at (907) 222-5606.

Consent Statement

Please complete this section in ink. The donor's legal name is required; please do not use abbreviations or nicknames.

I understand that I will be notified of positive test result(s) and for follow-up testing, if necessary. I also understand that if further blood tests reveal evidence of reportable infectious disease, Blood Bank of Alaska (BBA) must inform the appropriate federal and state agencies per regulations.

I have read understand the information on this form. I give my consent for my child to donate his/her blood or blood or blood components to Blood Banks of Alaska (BBA).

By signing the following, I consent for my child to donate whole blood or via automation. I understand that an additional consent form is required for donations made via automation. Additionally, I understand that if I have any questions, I can contact BBA at (907) 222-5630.

Minor's Printed Name:		Minor's Date of Birth:
Parent/Guardian Signature:		Date:
Parent/Guardian Name (Print):		
Parent Phone Number:	Parent Email Address:	
Mailing Address:		
City:	State:	Zip:

Thank you for your family's support of Blood Bank of Alaska!

OPTIONAL



AMYA HELICOPTER FLIGHTS RECRUIT SUSTAINMENT PROGRAM ALASKA ARMY NATIONAL GUARD

UNDER THE SPONSORSHIP OF: Print: _____

Sign: _____

Leave
Blank

WAIVER AND RELEASE OF LIABILITY

(Minimum age 16 yrs. Old)

I fully understand and acknowledge that : (a) Risk exist in conducting and participating in physical exercises, use of training aids / equipment, and while on and / or within the confines of U.S. Federal government property (b) my participation in such activities and / or use of equipment may / can result in injury (c) these risks may be caused by the negligence of the officers or members of the Alaska Army National Guard: the negligence of the participants, the negligence of others, accidents, the forces of nature or other causes. These risk may arise from foreseeable or unforeseeable causes; and (d) by my participation if said activities and / or use of equipment, I hereby assume all risk, dangers, and all responsibility for any losses, injury, and / or damages whether causes in whole or in part by the negligence or other conduct of the offers or members of the Alaska Army National Guard, or by any other person. I understand that I will be considered a Participant during my attendance and be treated as such including all training activities, billeting (if provided), and other training events.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, and hold harmless the Alaska Army National Guard, it's officers and members from any and all claims, actions or losses for bodily injury, property damage, wrongful death or otherwise which may arise out of my participation in activities conducted with the Recruit Sustainment Program.

I specifically understand that I am releasing, discharging and waiving any present or future claims or actions against the Alaska Army National Guard and the Recruit Sustainment Program while in a participant status. This waiver is good through 6 /17 /2026.

MEDICAL PERMISSION AUTHORIZATION

If the participant is a minor, the undersigned parent or legal guardian hereby gives permission for the Alaska Army National Guard or its agents to authorize emergency medical treatment as may be deemed necessary for the child named below while participating in the Recruit Sustainment Program from this date through 6 /17 /2026

I HAVE READ THE ABOVE WAIVER / RELEASE AND BY SIGNING IT AGREE THAT IT IS MY INTENTION TO EXEMPT AND RELEASE THE ALASKA ARMY NATIONAL GUARD FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMANGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Print Youth's Name: _____ Age: _____ Birth Date: _____

Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Youth's Signature: _____ Date: _____

If less than 18 years old: Signature of parent or guardian: _____

Phone: _____ Date: _____