



**REQUEST FOR TRANSCRIPTS**

TO: \_\_\_\_\_ (School Name)  
\_\_\_\_\_  
\_\_\_\_\_  
(Address or Fax#)

My child/ward,  \_\_\_\_\_, date of birth:  \_\_\_/\_\_\_/\_\_\_\_\_,  
SSN (or student ID number)  \_\_\_\_\_, is applying for admission to the Alaska Military  
Youth Academy's next cycle scheduled to begin  \_\_\_\_\_.

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

Please send the requested copies to:  
**Alaska Military Youth Academy Registrar**  
**PO Box 5727 JBER, AK 99505-0727**  
**Fax: 907-428-7384**

Thank You:

\_\_\_\_\_  
Signature of Parent/Legal Guardian/or applicant if 18

\_\_\_\_\_  
Date