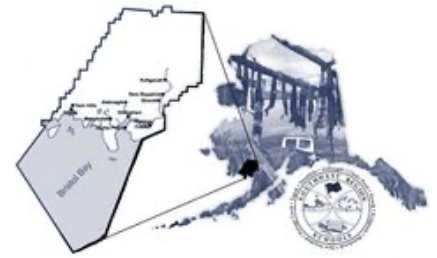




District Office
P.O. Box 90
Dillingham, AK 99576

Phone: (907) 842-5287
Fax: (907) 842-4316

Email: registrar@swrds.org



Attn: Registrar

Request for High School Transcripts

Date: _____

*Year Graduated: _____

*Full Name (last, first): _____

*Date of Birth: _____

Your Contact Number: _____

Your Email: _____

*High School Graduated From:

Aleknagik High School

"Chief" Ivan Blunka High School

Clarks Point High School

William "Sonny" Nelson High School

Koliganek High School

Manokotak High School

Togiak High School

Twin Hills High School

I am giving permission for my High School Transcript to be released
to: (*Address or fax where transcripts are to be sent.)

ATTN: _____

Signature _____

Printed Name _____