 **NORTHERN ARAPAHO TRIBE**

**SKY PEOPLE EDUCATION PROGRAMS**

**SEMESTER GRADE AND TRANSCRIPT RELEASE FORM**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SSN#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give my consent and request that a OFFICAL TRANSCRIPT of my grades (semester or

quarter) be released to authorized education personnel for:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Academic Year) (Semester/Quarter)

If the Family Educational Rights and Privacy Act (FERPA, PL-380) at the Post-Secondary Institution requires a written request for release of information. It is my responsibility to file the written request at the college/university for my official transcript to be released to Sky People.

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 Signature of Student Date Completed

ADDITIONAL INFORMATION: Last Semester Attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAIL TO:

**SKY PEOPLE EDUCATION PROGRAM**

**NORTHERN ARAPAHO TRIBE**

**P.O. BOX 920**

**FORT WASHAKIE, WY 82514**