

NORTHERN ARAPAHO TRIBE  
SKY PEOPLE EDUCATION PROGRAMS  
SEMESTER GRADE AND TRANSCRIPT RELEASE FORMS

Name: \_\_\_\_\_ SSN#: \_\_\_\_\_ DOB: \_\_\_\_\_

I hereby give my consent and request that a copy of my grades (semester or quarter) be released to authorized education personnel for \_\_\_\_\_

(Year)

(Semester/Quarter)

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date Completed

MAIL TO: SKY PEOPLE EDUCATION PROGRAMS  
P.O. BOX 8480  
ETHETE, WY 82520

ADDITIONAL INFORMATION:

Last Semester Attended \_\_\_\_\_

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

OFFICE USE ONLY:

Date Received: \_\_\_\_\_

Date Released: \_\_\_\_\_

\_\_\_\_\_  
WHITE—School

\_\_\_\_\_  
YELLOW—Student File