



**Student Instructions:**

- ✓ Please complete this form and **submit it to your previous high school** records office.  
*You may need to contact your previous high school records office to determine if a fee is required.*
- ✓ If the high school you are seeking your records from is no longer in operation, contact the **Department of Education** in the state the high school was located.
- ✓ Your signature on this completed form is authorization to release an official copy of your transcript to Northgate Academy.

**Student Information**

Name			_____		
_____	_____	_____	_____		
First	Middle	Last	Previous Name		
DOB		Address			
_____ / _____ / _____		_____			
Phone Number		Street Address		Apt/Unit	
_____		_____		_____	
		City	State	Zip Code	

I authorize an official copy of my transcript be released to Northgate Academy.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian (if minor) Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send official transcripts to Northgate Academy one of the following ways.

**\*\*DO NOT SEND CUMULATIVE FILES. Thank you!**

Method	Contact
Email (from school official)	registrar@northgateacademy.com
Fax (with school cover letter)	(763) 412-4702
Mail (Attn: Registrar) (sealed, school envelope)	601 Carlson Parkway, Suite 1250 Minnetonka, MN 55305

**Previous High School Information**

School Name		_____	
Grades of Attendance (Check all that apply)		School Address	
<input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		_____	
Year of last attendance _____		Street Address	
<b>MIDDLE SCHOOL ONLY</b> <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		_____	
		City	State
		Zip Code	
School Fax		Email Address (Records, registrar, guidance etc.)	