

**Northshore Networks**  
NORTHSHORE SCHOOL DISTRICT  
3330 Monte Villa Parkway  
Bothell, WA 98021

Consent to Release Records from Northshore Networks

Last Name	(maiden name)	First	Middle
/ /			
Birthdate	Yr. Of Graduation	Last Yr. Attended NN	Home or Day Time Phone

Please check appropriate box below, date and sign records requested:

Transcript  
 Official (sealed to send unopened to college/institution)  
 Unofficial for personal use

\_\_\_\_ Number of copies

Requested by:       Parent       Student       Guardian       Other  
(If over 18 years of age, records can be requested by student only.)

Please mail transcripts to:

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date of Consent

\_\_\_\_\_  
Signature

Notice: Students records obtained under this request remain subject to the requirements of the "Federal Family Educational Rights and Privacy Act of 1974", which requires written parent or student consent before the records may be shared with any other party.

To be completed by school official:

Revised 8/07 dj

\_\_\_\_\_  
Prepared By

\_\_\_\_\_  
Date