

**North Creek High School**  
Northshore School District No. 417  
3613 191<sup>st</sup> Place SE • Bothell, WA 98012  
(425) 408-8800 • FAX (425) 408-8812

## Consent to Release Student Records from North Creek High School

**Notice: Student 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.**

North Creek High School may release the following student records: (Please Print)

\_\_\_\_\_ Last Name \_\_\_\_\_ (Maiden Name) \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Student #	Current Grade	Class of	Birthdate	(____) _____ Home or daytime Phone No.				
						Grad	Non-Grad attended	Last year
							<i>Former Students Only</i>	

**List colleges or institution you are requesting records for. If we are mailing transcripts directly include the mailing address. Transcripts will be ready 3 working days after request is received.**

1. _____ Name of Institution	2. _____ Name of Institution
_____	_____
Street Address	Street Address
_____	_____
City State Zip code	City State Zip code

**Copies for personal use, insurance and scholarships: # \_\_\_\_\_**

Transcripts are to be:  mailed to home address listed above.  
 mailed to institution(s) above.  
 picked up in person at IHS. (We do not mail for current students.)

Check the appropriate box:  Official, sealed  Unofficial, unsealed

Records Requested:  Transcript Other: \_\_\_\_\_

Date and sign for records requested: \_\_\_\_\_  
Signature Date

Requested by:  Student  Parent/Guardian (only if student is under 18)

For Office Use

_____	_____
Picked up by	Prepared by
Date	Date