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)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>(Maiden Name)</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
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Student # | Current Grade | Class of | Birthdate | Home or daytime Phone No. |
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</tbody>
</table>

Grad | Non-Grad | Last year attended
<table>
<thead>
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</thead>
<tbody>
<tr>
<td>Grad</td>
<td>Non-Grad</td>
</tr>
</tbody>
</table>

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
   Street Address
   City State Zip code

2. Name of Institution
   Street Address
   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 it under 18)

For Office Use

_________________________________________ Picked up by __________________________ Date

_________________________________________ Prepared by __________________________ Date

Rev. 08.13.08 transcripts/transcript misc/release of records