

Woodinville High School
 Northshore School District No. 417
 19819 136th Ave NE • Woodinville, WA 98072
 (425) 408-7400 • FAX (425) 408-7402



Consent to Release Student Records from Woodinville 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.

Woodinville High School may release the following student records: (Please print and complete A – G below)

Student/Alumni Last Name	First Name	Middle Initial	(Alumni Full Name when attending, if different)
Student/Alumni Street Address	City		State
Student/Alumni E-Mail Address			
Student #	Current Grade	Class of	Birthdate
()			
Home or daytime Phone Number			
Grad		Non-Grad	
		Last year attended Former Students Only	

A) Record(s) Requested: Transcript _____ Other: _____ (Contact College Board or ACT directly for Test Scores)

B) List colleges or institutions for which you are requesting records. Read application requirements thoroughly as some universities DO NOT want a transcript. If your Counselor is filling out the Common Application online for you, DO NOT mail a transcript.

1. _____	_____	_____
<i>Name of Institution</i>	<i>Address/State/Zip</i>	<i>Institution Email Address</i>
2. _____	_____	_____
<i>Name of Institution</i>	<i>Address/State/Zip</i>	<i>Institution Email Address</i>
3. _____	_____	_____
<i>Name of Institution</i>	<i>Address/State/Zip</i>	<i>Institution Email Address</i>

C) Copies for personal use, insurance, and/or scholarships: _____ (indicate # of copies)

D) Record(s) requested above are to be: Official, sealed _____ Unofficial, unsealed _____

E) Record(s) are to be (US mail or e-mail available during COVID-19 building closures; no in-person pick up):

- Mailed to home address listed above (Mail this form to WHS and provide a self-addressed envelope with 2 stamps on it)
- Emailed to student/alumni email address listed above (Mail, email*, or fax this form to WHS)
- Mailed to institution(s) above (Mail this form to WHS and provide a self-addressed envelope with 2 stamps on it for each institution)
- Emailed to institution(s) listed above (Mail, email*, or fax this form to WHS)

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

G) Sign and date for records requested: _____
Signature
Date

For Office Use: Students over 18 must request their own records.

Prepared by: _____ Date Mailed/Emailed: _____

*Email July 1 through July 31 to whsoffice@nsd.org / Email August 1 through June 30 to rporter2@nsd.org.