



**BOTHELL HIGH SCHOOL**  
 NORTSHORE SCHOOL DISTRICT  
 9130 NE 180th Street  
 Bothell, WA 98011-3398  
 425.408.7019  
 FAX: 425.408.7027

**TRANSCRIPT / RECORDS REQUEST FORM**  
*Please allow 24 hours for processing*

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<small>FORMER STUDENTS: BE SURE TO PROVIDE <u>LEGAL / MAIDEN</u> NAME AT TIME OF GRADUATION</small>		
<b>Student ID#</b> <small>(if known)</small>	<b>Date of Birth</b>	<b>Grad Year</b>
<b>Phone #</b>		

**Please enter *quantity* for each type of transcript requested, then date and sign below:**

**Transcripts:**

# Official - sealed to send unopened to college or institution

# Unofficial - for personal use, scholarships, insurance or proof of graduation

Total

**Other Records:** \_\_\_\_\_  
(Immunizations, test records, etc.)

Requested by:

Student     Parent     Guardian     Other

*If over 18 years of age, records can be requested by student only*

**Current Students:**

*I prefer transcripts to be:*     Available for Pickup     Emailed - unofficial ONLY

**Former Students:**

*I prefer transcripts to be:*     Available for Pickup     Emailed (Unofficial Only)     Mailed

Email Address: \_\_\_\_\_  
ONLY if requesting electronic unofficial document

*Please Provide Name & Address of College Admissions Office  
 and/or Home Only if BHS is Mailing*

1. _____ _____ _____ _____	2. _____ _____ _____ _____
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**PLEASE  
SIGN  
HERE**

<i>ALL STUDENTS / REQUESTORS: Please sign and date below</i>	
_____ <b>Signature</b>	_____ <b>Date</b>

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

<i>To be completed by School Official:</i>	
_____ <small>Prepared by:</small>	_____ <small>Date:</small>