

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



Email this completed form August 1 through June 30 to rporter2@nsd.org (July 1 through July 31 email to whsoffice@nsd.org.)
 Due to the COVID-19 building closure, requests by mail or fax will take additional processing time. Emailing is highly recommended.

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	Zip Code																				
Student/Alumni E-Mail Address																								
Student #	Current Grade	Class of	Birthdate	() Home or daytime Phone Number	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-right: 1px solid black; width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> <tr> <td style="border-right: 1px solid black; text-align: center;">Grad</td> <td style="text-align: center;">Non-Grad</td> <td colspan="4" style="text-align: center;">Last year attended</td> </tr> <tr> <td colspan="6" style="text-align: center; font-size: small;">Former Students Only</td> </tr> </table>								Grad	Non-Grad	Last year attended				Former Students Only					
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. _____

Name of Institution	Address/State/Zip	Institution Email Address
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2. _____

Name of Institution	Address/State/Zip	Institution Email Address
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3. _____

Name of Institution	Address/State/Zip	Institution Email Address
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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)
- Mailed 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)
- Mailed 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: _____