



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

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

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
 or Institution requesting transcript*

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

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

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>