

**Woodinville High School**  
 Northshore School District No. 417  
 19819 136<sup>th</sup> 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)*

## 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			
		Grad	Non-Grad
		Last year attended <i>Former Students Only</i>	

**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 requested to be processed by:**

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

**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 Only: Students over 18 must request their own records.

Prepared by: \_\_\_\_\_ Date Mailed/Emailed: \_\_\_\_\_