



# NORTHSHORE LEARNING OPTIONS

Northshore Networks / Northshore Online Academy / Northshore Family Partnership  
18101 Avondale Road NE, Woodinville, WA 98077  
425.408.4125 FAX: 425.408.4102

## TRANSCRIPT / RECORDS REQUEST FORM

Consent to Release Records from: Northshore Networks, Northshore Online Academy, Northshore Virtual Program, Northshore Learning Options, or Northshore Family Partnership

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Last Name</b>	<b>Other Name</b>	<b>First Name</b>	<b>Middle</b>
<i>FORMER STUDENTS: BE SURE TO PROVIDE LEGAL NAME AT TIME OF GRADUATION</i>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Student ID# (if known)</b>	<b>Date of Birth</b>	<b>Graduation Year or Last Year Attended</b>	<b>Phone #</b>

**Please check all that you need:**

**Unofficial Transcript (for personal use, scholarships, insurance or proof of graduation)**

Electronic Copy sent to email: \_\_\_\_\_

I will pick up from school

**Official Transcripts:**

\* Please note that some institutions will allow a transcript to be emailed straight to them from a school or they may have a portal to send it to. If neither of those are available we can send an official copy in the mail.

Enter in the space below the name of institution with email address, portal instructions, or physical address

\* If you choose to have an official transcript sent to your home address, please note the envelope must remain sealed in order for the transcript to be considered official. Enter your address in space below.

\* I would like to pick up a physical copy - # needed:

1. <input type="text"/>	2. <input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
3. <input type="text"/>	4. <input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**Requested by:**

Student     Parent     Guardian     Other \_\_\_\_\_

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

SIGNATURE REQUIRED	
<input type="text"/>	<input type="text"/>
<b>Signature</b>	<b>Date</b>

After completing and signing, mail this form to the address above Attn: Natasha Barker or scan and email to nbarker@nsd.org

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

*To be completed by School Official:*

\_\_\_\_\_  
Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_