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

TRANSCRIPT / RECORDS REQUEST FORM

Last Name	First Name	Middle Name

FORMER STUDENTS: BE SURE TO PROVIDE LEGAL / MAIDEN NAME AT TIME OF GRADUATION

Student ID# *(if known)*	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:* _____

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. _____

PLEASE SIGN HERE

ALL STUDENTS / REQUESTORS: Please sign and date below

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

To be completed by School Official:

Prepared by:	*Date:*

If emailing, please send to: nbrenengen@nsd.org

EP: 3.16.22