



TRANSCRIPT / RECORDS REQUEST FORM

Consent to Release Records from Northshore Networks

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

Please check all that you need:

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

☐ Electronic Copy sent to email:

☐ Hardcopy sent to address:

(enter # needed)

☐ **Official Transcripts:**

* If the student has any fines or fees due at the district we will let you know and we will not be able to release your official transcripts until those are paid or taken care of.

* 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.

* 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.

☐ # Official Transcripts needed

* Enter below: name of institution and email address, portal instructions, or physical address

* If you want an Official Transcript sent to you please include your address below

| | |
|-------------------------|-------------------------|
| 1. <input type="text"/> | 2. <input type="text"/> |
| <input type="text"/> | <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"/> |
| Signature | Date |

After completing and signing please 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

| | |
|---|----------------------|
| <u>To be completed by School Official:</u> | |
| <input type="text"/> | <input type="text"/> |
| Prepared by: | Date: |