



Seaside High School

Grow, Achieve, Succeed!

Jeff Roberts, Principal
Jason Boyd, Assistant Principal
Steve Sherren, Assistant Principal
Aaron Tanabe, Athletic Director
Travis Cave, Counselor
Shelby Treick, Counselor

Summer Transcript Release Request

Attention: Leslie Garvin, Administrative Assistant

Address: 2600 Spruce Dr, Suite 100, Seaside, OR 97138 **Fax:** 503-738-3471 **Email:** lgarvin@seasidek12.org

Administrative regulations require that a signed consent be given before a copy of a transcript may be released. If a former student is under 18 years of age, a parent or guardian signature must be submitted. *Please note – anyone over the age of 18 **MUST** request the transcripts themselves – parents may NOT call on a former student’s behalf.

Student Information

Student Name: _____ **Date:** _____

Student Name while attending (if different): _____

Date of Birth: ____/____/____ **Current Phone Number:** (____) _____ - _____

Current Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Current Student of Seaside High School? Yes _____ **No:** _____ **(IF NO) Graduation Year/Last Year Attended:** _____

I Would Like The Following:

_____ **Unofficial Transcript**

_____ **Official Transcript** (*signed and stamped paper transcript sent in a sealed envelope*)

This is in accordance with Federal Law as outlined in Family Education Rights and Privacy Act as amended by S. J. Res. 40, Sec. 513, or P.L. 93-380, Education Amendment of 1974, which amends the General Education Provisions Act, Sec. 438. When a transcript copy is delivered to the individual in person, it is the policy of the school to stamp that copy as unofficial.

Records Action

___ **Email to the address(es) listed below:** (*only mark this option for unofficial transcripts*)

1. **Recipient:** _____ **Email:** _____

2. **Recipient:** _____ **Email:** _____

___ **Mail to the address(es) listed below:**

1. **School/Business Name:** _____

Attention: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

2. **School/Business Name:** _____

Attention: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Signature: _____ **Date:** _____

2600 SPRUCE DR, SUITE 100 • SEASIDE, OREGON 97138 • 503-738-5591 • FAX 503-738-3471

www.shs.seaside.k12.or.us