



Seaside High School

Strengthening community, inspiring possibility, ensuring opportunity.

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

Transcript Release Request

Attention: Tiffany Thompson, Registrar/Records Management Officer

Address: 1901 N Holladay Seaside, OR 97138 Email: tthompson@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 Address: _____ City: _____ State: _____ Zip code: _____

Current Student: Yes: _____ No: _____ (IF NO) Graduation year/Last year attended: _____

I Would Like the Following

_____ Unofficial Transcript _____ Official Transcript (*Paper transcript sent in a sealed, signature-stamped 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, of 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 address(es) listed below: Only mark this option for unofficial transcripts.

1. Recipient: _____ Email: _____

2. Recipient: _____ Email: _____

_____ Mail To address(es) listed below: If you wish to have your transcript mailed, please provide the complete address including zip code of the college, institution, employer, recruiter, ect.

1. School Name/Business Name: _____

Address: _____ City _____ State _____ Zip _____

2. School Name/Business Name: _____

Address: _____ City _____ State _____ Zip _____

Signature: _____ Date: _____

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www.shs.seaside.k12.or.us