



Seaside High School
*Preparing All Students for a
Productive Future*

Jeff Roberts, Principal
Jason Boyd, Assistant Principal
Aaron Tanabe, Athletic Director
Travis Cave, Counselor
Kalyn Knudsvig, Counselor

SEASIDE HIGH SCHOOL TRANSCRIPT REQUEST

STUDENT: _____ **DATE:** _____
Name while enrolled at SHS _____
Graduation Year or Last Year Attended _____
Date of Birth _____ **Phone Number** _____

Administrative regulations require that a signed consent be given before a copy of a transcript may be released. If a student or former student is under 18 years of age, a parent or guardian signature must be submitted. If a person is 18 years of age or older, the release must be signed by that person. Please fill out this form and return it to the office.

I, _____, (**parent, guardian, student 18 or older – please print**) hereby authorize Seaside High School to release a copy of the above named student’s high school transcript to:

ALL INSTITUTES OF HIGHER EDUCATION TO WHICH STUDENT APPLIES: Please provide all applicable addresses.

I understand that all information so exchanged will be treated as confidential.

Signature: _____ Relationship: _____ Date: _____

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.