



# North Shore Schools

*Discovering Your Dreams*

## Online Transcript Request

Fax the completed form to: 516-277-7033 or email it to [counseling@northshoreschools.org](mailto:counseling@northshoreschools.org)

**Please Note:** After a student graduates from high school the right to information contained in his/her file is transferred from the parent to the student who is now considered a legal adult. Therefore, the records must be requested by the former student post-graduation. Please complete all sections of this form.

Last Name Used When You Were In School: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Current Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Mother's First And Last Name: \_\_\_\_\_

Father's First And Last Name: \_\_\_\_\_

What Was Your Last Year Of Attendance? \_\_\_\_\_

Did You Graduate? Yes or No (circle one)

What Was Your Mailing Address While You Were In School? \_\_\_\_\_

What Is Your Current Address? \_\_\_\_\_

What Is Your Current Phone Number? \_\_\_\_\_ What Is Your Current Email Address? \_\_\_\_\_

Please include the name and complete mailing address where you would like the transcript(s) sent. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you would like a transcript for your own records, please check the box. \_\_\_\_\_

Please note that if you are requesting a copy for your own records this will be an unofficial transcript.

### AUTHORIZATION NOTIFICATION:

I hereby authorize the North Shore School District to release information concerning my records. I understand that the recipient of the record(s) will use said documents(s) for legitimate interests only and that the information contained therein shall not be further transferred or communicated to any other part or agency without my expressed written consent except under authority of Public Law 93-380, Educational Rights and Privacy Act.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date