



Official Transcript Release

Newberg High School
2400 Douglas Ave
Newberg, OR 97132
www.newberg.k12.or.us/nhs

Contact: Registrar
Phone: 503-554-4448
Fax: 503-554-4433
Email: bechtoldm@newberg.k12.or.us

DATE: _____

I give permission for Newberg High School to release the OFFICIAL TRANSCRIPT of:

NAME: _____

DATE OF BIRTH: _____

CLASS OF: _____

STUDENT ID NUMBER: _____

I understand the transcript includes courses taken and grades earned.

Signature of Parent/Guardian/Legal-age Student (18)

PRINT CURRENT NAME: _____

CURRENT TELEPHONE NUMBER: _____

____ Official for college or university (sealed)

____ Unofficial/student copy

NAME OF COLLEGE/UNIVERSITY/OTHER: _____

STREET ADDRESS: _____

CITY: _____ STATE/ZIP: _____

Additional colleges/universities may be added on back of this form. Please allow one week for processing.