



Official Transcript Release

Date: _____

I give my permission for Newberg High School to release the Official Transcript of:

Name: _____ Maiden Name (If applicable): _____

Date of Birth: _____ Class of: _____ Student ID #(not required): _____

Contact Number: _____ Contact Email: _____

I understand the transcript includes courses taken and grades earned.

Signature of Parent/Guardian/Legal-Age Student

Official/Sealed Unofficial

Name of College/Univserity/Other: _____

Mailing Address: _____

City: _____ State/Zip: _____

Official/Sealed Unofficial

Name of College/Univserity/Other: _____

Mailing Address: _____

City: _____ State/Zip: _____

Official/Sealed Unofficial

Name of College/Univserity/Other: _____

Mailing Address: _____

City: _____ State/Zip: _____

Official/Sealed Unofficial

Name of College/Univserity/Other: _____

Mailing Address: _____

City: _____ State/Zip: _____

Additional Colleges/Universities may be added on back of this form.

Newberg High School - 2400 Douglas Ave - Newberg, OR 97132

Contact: Angela Kantz, Registrar Phone: 503.554.4448 - Fax: 503-554-4433 - Email: kantza@newberg.k12.or.us