



# Southeastern High School

195 E. Jamestown St., South Charleston, OH 45368

Office hours: M-F, 8AM-3PM 937-462-8308

<http://www.sels.us>

## Transcript Request Form Current Student

Student Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Graduation year: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

I give Southeastern High School permission to process \_\_\_\_\_ copies of my official transcript as indicated below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (Under 18): \_\_\_\_\_

- I will pick up at the Southeastern Jr/Sr High School office when completed.
- Please mail to me at the address listed above.
- Please send to the school/business listed below.

School/business: \_\_\_\_\_

Address: \_\_\_\_\_

Department: \_\_\_\_\_

To the Attention of: \_\_\_\_\_ Phone: \_\_\_\_\_

**For office use only**

Received: \_\_\_\_\_ Prepared: \_\_\_\_\_ Mailed/Picked Up: \_\_\_\_\_

Notes: \_\_\_\_\_