

SOUTHEASERN HIGH SCHOOL TRANSCRIPT REQUEST FORM

FORMER STUDENTS

If you are a former student of Southeastern High School and need a copy of your transcript, please complete this form and mail it to the address listed below with a \$2.00 fee per transcript (payable in cash or check).

Transcripts will be mailed within 5 school days of receipt of request.

Name at Graduation/ on Diploma: _____

Year of Graduation: _____

Please mail my transcript to:

Signature of Student (Required)

Date

Southeastern High School
Attn Records
195 E Jamestown St.
P.O. Box Z
South Charleston, OH 45368
937.462.8308 phone
937.462.8394 fax