

REQUEST FOR TRANSCRIPT

SOUTHEASTERN HIGH SCHOOL - GUIDANCE OFFICE
195 E. JAMESTOWN STREET - SOUTH CHARLESTON, OH 45368
PHONE: 937-462-8308 FAX: 937-462-8394

STUDENT NAME _____ DATE _____

Please send my transcript to the following college(s): **YOU MUST PROVIDE THE NAME AND MAILING ADDRESS OF THE COLLEGE(S)**

_____	_____
_____	_____
_____	_____

Signature (Parent Signature Required if Under 18)