



# SOUTHEASTERN HIGH SCHOOL TRANSCRIPT REQUEST

Graduate First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Transcript Request Form Updated on 7/15/2020

**INSTRUCTIONS:** 1) **EMAIL or MAIL** this completed form and payment to southeasternhighschoolservices@gmail.com or to Southeastern High School 15327 N.W. 60<sup>th</sup> Ave. Room 235 Miami Lakes, FL 33014. 1) Complete the form to indicate where you would like your transcript(s) to be **MAILED**. You may select up to two (2) destinations per form. 2) **PROVIDE A MONEY ORDER or CREDIT CARD INFORMATION** for the correct amount. **Each official transcript (your prepared records in a sealed envelope) that is mailed to a U.S. address requires a \$25.00 payment.**

**NOTE: ALL TRANSCRIPTS ARE MAILED TO A U.S. ADDRESS AND ARE PROCESSED ON A FIRST COME/FIRST SERVE BASIS. YOU CAN EXPECT YOUR TRANSCRIPT TO BE DELIVERED BY THE U.S POST OFFICE WITHIN 2 WEEKS FROM THE DATE WE RECEIVE YOUR FULLY COMPLETED TRANSCRIPT REQUEST FORM. IF YOU NEED YOUR TRANSCRIPT ASAP, YOU CAN SELECT OUR PREMIUM OPTION (24 HOURS) TO HAVE YOUR TRANSCRIPT EMAILED TO AN EMAIL ADDRESS (THIS OPTION REQUIRES A \$40.00 PAYMENT).**

**DESTINATION 1:**  Send by U.S.P.S. First Class Mail **OR**  Send by EMAIL (PREMIUM OPTION)= **\$40.00**  
(1 to 2 weeks - **\$25.00**) (24 HOURS)

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**\*PLEASE MAKE SURE YOU SIGN AND ENTER THE DATE BELOW\***

**DESTINATION 2:**  Send by U.S.P.S. First Class Mail **OR**  Send by EMAIL (PREMIUM OPTION)= **\$40.00**  
(1 to 2 weeks - **\$25.00**) (24 HOURS)

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**\*PLEASE MAKE SURE YOU SIGN AND ENTER THE DATE BELOW\***

In order to receive or have forwarded academic transcripts, the student must hold status of graduate or have a zero tuition balance (tuition paid in full).

**\*ATTENTION: It is the responsibility of the student/ graduate or his/her parent/guardian to provide Southeastern High School with a COMPLETE mailing address for the transcript destination, including department, and/or contact name/title. Unless a specific destination address is provided, it is likely that your transcript will be lost or misplaced by the receiving institution or employer. NO employee or agent of Southeastern High School will undertake research in order to find the correct, complete mailing address for your intended transcript destination. YOUR TRANSCRIPT(S) WILL BE SENT TO THE ADDRESS(ES) YOU INDICATE ON THIS FORM.**

I authorize Southeastern High School to release my student records (Transcripts) to the parties listed above.

**Student/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PAYMENT INFORMATION:**  Money Order Enclosed  Credit Card: Amount to be charged: \$ \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Valid Thru: \_\_\_\_ / \_\_\_\_ Security Code: \_\_\_\_\_

Name as it appears on Credit Card: \_\_\_\_\_ Cardholder's Address: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ Credit Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ALLOW UP TO TWO (2) WEEKS FOR PROCESSING AND DELIVERY OF MAILED TRANSCRIPT.**