SOUTHEASTERN HIGH SCHOOL TRANSCRIPT REQUEST FORM

Graduate First Name: Last Name: DOB: (MM / DD / YYYY)

This document is an official Transcript Request Form for Southeastern High School graduates and students. In order to have your transcript(s) request processed promptly: 1) COMPLETE THIS FORM: Follow the instructions in SECTION 1 to indicate where you would like your official transcript(s) to be sent. You may select up to two (2) destination per form. 2) PROVIDE MONEY ORDER or PROVIDE CREDIT CARD INFORMATION for the correct amount. **Each official transcript requires a $10.00 payment.** If you would like to have your transcripts sent via United States Postal Service EXPRESS MAIL, you must include an additional $28.00 per destination (includes postage & processing). **NOTE:** if you elect your transcripts sent by United States Postal Service EXPRESS MAIL, your transcripts will be sent overnight ONCE THEY ARE PREPARED. Selecting United States Postal Service EXPRESS MAIL delivery DOES NOT MEAN your transcripts will be prepared overnight. 3) SEND THIS FORM AND PAYMENT INSTRUMENT (MONEY ORDER IF ANY) to Southeastern High School/ Office of Academic Records, 15327 N.W. 60th Ave. Room 235, Miami Lakes, FL 33014. If you are paying by credit card, you may also fax this COMPLETED form to 954-538-8042 (Attention Office of Academic Records).

SECTION 1: Where do you want your transcripts to be sent?

DESTINATION 1: ☐ Send by U.S.P.S. First Class Mail ☐ Send by U.S.P.S. Express Mail (Include an additional $28.00 for postage & processing)

Name:

* Address:

City:

State: Zip Code: – Attention / Telephone Number for U.S.P.S. Express Mail:

DESTINATION 2: ☐ Send by U.S.P.S. First Class Mail ☐ Send by U.S.P.S. Express Mail (Include an additional $28.00 for postage & processing)

Name:

* Address:

City:

State: Zip Code: – Attention / Telephone Number for U.S.P.S Express Mail:

*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, office 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: _____

SECTION 2: Payment

PAYMENT AMOUNT: $_____ **($10.00 per recipient + $28.00 for each destination to be sent by U.S.P.S. EXPRESS MAIL – includes postage and processing)**

☐ **Money Order Enclosed** ☐ **Charge to Credit Card - Amount to be charged: $_____**

Credit Card #: Valid Thru: –

Name as it appears on Credit Card:

Credit Card Billing Address:

Street:

City:

State: Country: Zip Code: –

Credit Card Holder Signature _____ Date: _____

PLEASE ALLOW UP TO TWO (2) WEEKS FOR PROCESSING AND DELIVERY.