

Southeast of Saline Secondary Schools
TRANSCRIPT REQUEST FORM

** Please allow 1-2 business days to locate your transcript and process your request **

TRANSCRIPTS CAN ONLY BE REQUESTED BY STUDENT OF RECORD

Legal Name _____

Graduation Year _____ Birthdate _____

Cell Phone # _____ Email _____

Transcript Type: _____ UNOFFICIAL _____ OFFICIAL (includes seal & is signed)

Delivery Information:

Please select option and provide complete mailing details.

Mail to:

Institution Name: _____

Attention To: _____

Street Address: _____

City/State/Zip: _____

Other:

I will pick it up.

I authorize Southeast of Saline High School to release my transcript (s) as requested above.

Signature: _____ Date: _____

If under 18 years old, Parent Signature: _____

Please send signed & completed request form using one of the following methods:

- **Personal Delivery:** Bring to the Counseling Center
- **Email:** kingrassia@usd306.k12.ks.us
- **Mail to:** Southeast of Saline High School
5056 East K-4 Highway
Gypsum, KS 67448-9762
Attn: Counseling Center