

**TRANSCRIPT REQUEST FORM**

REQUEST FROM: (Fill in the student’s information as well as information regarding previous school below)

Name:	
Maiden or Other Name While Enrolled:	
DOB:	Years of Attendance:
Social Security #:	
Street Address:	
City:	State, Zip:
Email Address:	Phone:

**PERMISSION**

I, \_\_\_\_\_, give \_\_\_\_\_ permission to  
                   (Student’s name)                  (Previous High School Name)  
 send a copy of my official transcript to Smart Horizons Career Online Education (address listed below).

Thank you,

\_\_\_\_\_  
 (Student Signature)

\_\_\_\_\_  
 (Date)

**ATTENTION SCHOOL FULFILLING REQUEST**

- \* Please return this form with the transcripts, when sending them to Smart Horizons Career Online Education.
- \* If there is a fee, please notify me at the above phone number or email address listed above. It is important that the transcript be sent as soon as possible.
- \* Please notify me via phone or email when the transcript has been sent.

**Please send official transcripts via one of the methods below. Transcripts only accepted for consideration if sent direct from school.**

<p><b>Mail:</b>          Smart Horizons Career Online Education          Attn: Student Services          1280 SW 36<sup>th</sup> Ave          Suite 104          Pompano Beach, FL. 33069</p>	<p><b>Fax:</b>          954-533-3504</p>	<p><b>Email:</b>          enrollment@shcoe.org</p>
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