

___ Initial
___ Mid-Year
___ Final (June)

South Eugene High School
TRANSCRIPT REQUEST
(\$2.00 /each transcript)

For office only
PAID _____

Date: _____
Student Name: _____ Student ID #: _____
Class of: _____ Birth Date: _____ Phone #: _____
Signature: _____

_____ **Electronic Transmission or** } These transcripts are sent electronically via Naviance and
_____ **Common App. Schools** } must be in your "colleges I'm applying to" list in Naviance.
of copies

_____ **Mail** - Please provide an addressed envelope (leave return address blank).
of copies

_____ **Student will pick up**
of copies

Please send my transcripts to the following colleges:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Students are responsible for sending their test scores to the college of their choice