

This request form is for **previous students** of South Eugene. Current students, should contact Counseling.

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: _____

_____ **Mail** - Please provide a name and address for us to mail the transcript to below.
of copies _____

_____ **Student will pick up** – by appointment only, between 9am-3pm. Please request a day and time below.
of copies _____

**Please list name/location and address of where you need
Official Transcripts be mailed to**

You may mail a check made out to SEHS or pay online at:
<https://www.schoolpay.com/pay/for/Transcripts/SiZTWL>

Please mail my transcripts to the following colleges or locations (include address):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

***Please email the completed form to Melinda Shull,
shull@4j.lane.edu***