

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 #: _____ (if known)

Class of: _____ Birth Date: _____ Phone #: _____

Signature: _____

_____ **Mail/Email** - Please provide a name and address for us to mail the transcript to below. We can
of copies email directly to an institution. Please confirm they will accept official transcript via
email.

_____ **Student will pick up** – Please request a day and time below. We are available M-Th, 9am-3pm
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 or email my transcripts to the following colleges or locations (include address or email):

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