

SEF Transcript Request Form

Last Name: Felther		First Name:	Derek
Other Name:		Date of Birth:	5/9/2006
Class of: 2024		Phone Number	: 425-407-3840
Email Address dfeltners	890gmail.con	# · · · · · · · · · · · · · · · · · · ·	
This unofficial transcript will	be shared with the Sultan Ed	ducation Foundat	ion as part of your scholarship
application package.			
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Mailing Information			
Your transcript will be mailed	d to the Sultan Education Fo	undation:	
Organization	Sultan Education Foundation	on	
Address Line 1	Box 541		-
Address Line 2			
City, State, Zip	Sultan, WA. 98294		
without this form signed. Trans	scripts cannot be requested by 8 or in a post-secondary setting	a third party (i.e. a g, we are required	ipt. Transcripts cannot be requested parent or guardian) without student by the Family Educational Rights and ase the transcript.
Signature Search You	two	Date 3/0-	7/24