

Last Name: Gillespie

## **SEF Transcript Request Form**

First Name: Sarah

Other Name:	Date of Birth: July 31, 2006
Class of: 2024	Phone Number: (425) 232-3255
Email Address 675172@s	ultanstudents.org
This unofficial transcript vapplication package.	vill be shared with the Sultan Education Foundation as part of your scholarship
Mailing Information	
Your transcript will be ma	iled to the Sultan Education Foundation:
Organization	Sultan Education Foundation
Address Line 1	Box 541
Address Line 2	
City, State, Zip	Sultan, WA. 98294
without this form signed. To signature. *Once a student	is form to request a copy of your high school transcript. Transcripts cannot be requested ranscripts cannot be requested by a third party (i.e. a parent or guardian) without student is 18 or in a post-secondary setting, we are required by the Family Educational Rights and to have the student's hand-written signature to release the transcript.
Signature Sarah Gillespie	Date March 24, 2024