

	SEF Transcript Request Form
Last Name: Trichle	First Name: Tobias
Other Name: Toby	Trichler Date of Birth: 4/11/2006
Class of: 2024	Phone Number: 425-471-4805
Email Address	cher ogmail. Com
This unofficial transcript	will be shared with the Sultan Education Foundation as part of your scholarship
application package.	
Mailing Information	
Your transcript will be ma	ailed to the Sultan Education Foundation:
Organization	Sultan Education Foundation
Address Line 1	Box 541
Address Line 2	
City, State, Zip	Sultan, WA. 98294
vithout this form signed. Tr	his form to request a copy of your high school transcript. Transcripts cannot be requested transcripts 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.
rivacy Act of 1974 (FERPA)	
gnature Tob / WWW	Aler Date 3/26/24
	Aler Date 3/26/24