



SULTAN HIGH SCHOOL

1000 Turk Drive, Sultan, WA. 98294

SEF Transcript Request Form

Last Name: Arnold

First Name: Kegan

Other Name: _____

Date of Birth: Oct 21st 2005

Class of: 2024

Phone Number: 425-923-5265

Email Address _____

This unofficial transcript will be shared with the Sultan Education Foundation as part of your scholarship application package.

Mailing Information

Your transcript will be mailed to the Sultan Education Foundation:

Organization Sultan Education Foundation _____

Address Line 1 Box 541 _____

Address Line 2 _____

City, State, Zip Sultan, WA. 98294 _____

Please complete and sign this form to request a copy of your high school transcript. Transcripts cannot be requested without this form signed. Transcripts cannot be requested by a third party (i.e. a parent or guardian) without student signature. *Once a student is 18 or in a post-secondary setting, we are required by the Family Educational Rights and Privacy Act of 1974 (FERPA) to have the student's hand-written signature to release the transcript.

Signature Kegan Arnold

Date March 26th 2024