



SULTAN HIGH SCHOOL

1000 Turk Drive, Sultan, WA. 98294

SEF Transcript Request Form

Last Name: _____ Van Pelt _____

First Name: _____ Jonathan _____

Other Name: _____

Date of Birth: _____ 10/28/2005 _____

Class of: _____ 2024 _____

Phone Number: _____ 360-793-2721 _____

Email Address _____ Jonathan.vanpelt24@gmail.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 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 _____ *Jonathan Van Pelt* _____

Date _____ 3/20/2024 _____