

SEF Transcript Request Form First Name: Valya Other Name: Date of Birth: 05/23/2006 Phone Number: 1425) 219-9173 Class of: 2024 **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

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.

Sultan, WA. 98294

Signature | Date 3/26/24

City, State, Zip