

SEF Transcript Request Form		
Last Name: Heath		First Name: Luca8
Other Name:		Date of Birth: 02/04/2006
Class of: 24'		Phone Number: 206 - 930 - 1114
Email Address laheath 1232@ gmail. com		
		ucation Foundation as part of your scholarship
Mailing Information		
Your transcript will be mailed to the Sultan Education Foundation:		
Organization	Sultan Education Foundation	n
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. Date 3/6/24		