smarthorizons
CAREER ONLINE EDUCATION

TRANSCRIPT REQUEST FORM

REQUEST FROM: (Fill in the student's information as well as information regarding previous school below)

Name:	
Maiden or Other Name While Enrolled:	
DOB:	Years of Attendance:
Social Security #:	
Street Address:	
City:	State, Zip:
Email Address:	Phone:

PERMISSION

I, _____, give _____ permission to
(Student's name) (Previous High School Name)
send a copy of my official transcript to Smart Horizons Career Online Education (address listed below).

Thank you,

_____ _____
(Student Signature) (Date)

ATTENTION SCHOOL FULFILLING REQUEST

* Please return this form with the transcripts, when sending them to Smart Horizons Career Online Education.
* If there is a fee, please notify me at the above phone number or email address listed above. It is important that the transcript be sent as soon as possible.
* Please notify me via phone or email when the transcript has been sent.

Please send official transcripts via one of the methods below. Transcripts only accepted for consideration if sent direct from school.

Mail:	**Fax:**	**Email:**
Smart Horizons Career Online Education Attn: Student Services 1280 SW 36th Ave Suite 104 Pompano Beach, FL. 33069	954-533-3504	enrollment@shcoe.org