



TRANSCRIPT REQUEST FORM

REQUEST FROM:

Student Name: _____
Student Email: _____
Social Security #: _____
Date of Birth: _____
Years of Attendance or Graduation Date: _____
Address: _____
City, State, Zip: _____

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)

Please send official sealed transcripts to:

Smart Horizons Career Online Education
Attn: Student Services
4111 West Gore Blvd
Lawton, OK 73505