Transcript Order

Please complete then print out, sign and mail or fax this form with a copy of your driver's license (your request will not be processed without proper ID) to:

Seoul American High School
Attn: Guidance Counselor Office
Unit 15549
APO, AP 96205-5549

Please print and complete each item that is applicable:

Name:_____ _____ ____ _____
Last First MI MMDDYYY
Date of Birth

Former
Name _____ Social Security Number _____

Address _____ _____ ____ _____
Street City State Zip Code

In case there is a problem with your request please include one or both of the following unless you prefer to be contacted by mail.

E-mail
Address _____ Phone
Number _____

Transcript Request

_____ Number of copies Year of Graduation or Attendance _____

Mail transcripts to:

Name: _____

Address: _____

_____

_____

Signature _____ Date _____