CAREER ONLINE HIGH SCHOOL

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)

*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 following:

Mail:	**Fax:**	**Email:**
Smart Horizons Career Online Education Attn: Student Services 800 W. Cypress Creek Rd. Suite 390 Ft. Lauderdale, FL 33309	(954) 533-3504	enrollment@shcoe.org