

Pathways School of Excellence
Academic Transcript Request

To the applicant:

Use this form to request an official copy of your school transcripts be sent to Pathways School of Excellence at Southeastern University.

To the registrar/counseling office:

School Name

Street Address

City

State

Zip

Please send one (1) copy of my school transcript or records to:

Pathways School of Excellence
ATTENTION: Amy Bratten, Ed.D.
Southeastern University
1000 Longfellow Boulevard
Lakeland, FL 33801
pathways@seu.edu

Contact your school to determine transcript fee prior to mailing this form.

Amount enclosed: \$ _____

Student Information

Last Name

First Name

MI

Street Address

City

State

Zip

Dates I Attended: _____ Social Security Number: _____ - _____ - _____

Signature

Date