



Smart Horizons™  
Career Online Education

## 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) (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: Registrar's Office  
25 E. 9 1/2 Mile Road  
Pensacola, FL 32534

*"Smart Horizons Career Online Education is committed to preparing students for entrance into careers and the workplace by delivering quality, supportive, and career-based online education."*