



**Seneca High School**  
**TRANSCRIPT REQUEST FORM**  
(Please allow 2 weeks for processing)

Today's date \_\_\_\_\_

\_\_\_\_\_  
Last Name First M. I. Social Security Number

\_\_\_\_\_  
Name/Names your records could be under Birth Date

**Current Address**

\_\_\_\_\_  
City State Zip

**I authorize release of my transcript**

\_\_\_\_\_  
Last Semester Enrolled at SHS \_\_\_\_\_ Year of Graduation \_\_\_\_\_

**Signature of Student**

**(Required)**

_____ I will pick up the transcript at the SHS campus	
_____ Please mail the transcript to:	
_____	
Name OR School Name	
_____	
Address	
_____	
City	State Zip

Office Use Only
Date mailed: _____
Counselor's Office
Seneca High School
1110 Neosho Street
Seneca, MO 64865
Phone 417-776-2294
Fax 417-776-1907

Please use one of the following methods:

1. Fax request to 417-776-1907
2. E-mail request to [ddurman@senecar7.com](mailto:ddurman@senecar7.com)

3. Drop off request at the Seneca High School Counseling Office
4. The Counselor's Office will be closed the month of July