

High School Transcript Request Form

Southeast Missouri State University applicants for admission should complete and submit this form to their high school guidance office.

To the High School Guidance Office:

10	the High School Guida	ance Office:		
1.	official ACT/SAT scores to: Southeast Missouri State University Office of Admissions, MS 3550 One University Plaza Cape Girardeau, MO 63701 Fax: 573-651-5936			
2.				
First Name		Middle Name	Last Name	
Date of Birth			Expected High School Graduation Date	
Signature			Date	