



Office Use Only
Date Sent _____
Staff _____

Transcript Request Form

Today's Date _____

Name _____ Maiden Name _____

Address _____ City _____ State _____ Zip _____

ID# _____ Telephone Number (____) _____

Transfer Module completed? _____ Yes _____ No

Are you a member of Phi Theta Kappa? _____ Yes _____ No

Have you taken EDUC 102, Foundations of Education? _____ Yes _____ No

If yes, do you need time sheets included with transcript? _____ Yes _____ No

SEND TRANSCRIPTS (Transcripts cannot be faxed):

- _____ Immediately
- _____ Hold until current quarter grades posted (_____ Quarter)
- _____ Hold until Degree posted

Send to (Provide complete address): _____

Send to (Provide complete address): _____

Student's Signature Date

Send requests to:
Southern State Community College
Records Office
100 Hobart Drive
Hillsboro OH 45133