

# Southern State Community College High School Transcript Request Form

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

High school \_\_\_\_\_

Address \_\_\_\_\_

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

STUDENT: If your high school charges for transcripts, you are required to send your request directly to the high school with the appropriate fee. We cannot send the payment for you.

**TO WHOM IT MAY CONCERN:**

Please send a copy of my high school transcript to the following address:

RECORDS OFFICE  
SOUTHERN STATE COMMUNITY COLLEGE  
100 HOBART DRIVE  
HILLSBORO, OHIO 45133

Please return this form with transcript. Thank you.

Name while in high school (please print) \_\_\_\_\_

Date of graduation \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Current student name \_\_\_\_\_

Current address \_\_\_\_\_

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

Social Security number \_\_\_\_\_

Student's signature \_\_\_\_\_