Transcript Request Form

Today’s Date____________________

Name_______________________________________ Birth Date_______________________________

Address_________________________________ City________________ State_________ Zip__________

ID# or SSN____________________________ Telephone Number (____) ___________________________

Transfer Module completed? _____Yes _____No
Are you a member of Phi Theta Kappa? _____Yes _____No
Have you taken EDUC 102 or 1102, Found. of Education? _____Yes _____No
If yes, do you need time sheets included with transcript? _____Yes _____No

SEND TRANSCRIPTS (Official Transcripts cannot be faxed):

______Immediately
______Hold until current semester grades posted (_______ Semester)
______Hold until Degree posted

Name of College:____________________________________________________________________________

Attention:________________________________________________________________________________

Street Address:____________________________________________________________________________

City:________________________ State_________ Zip Code:____________________________

Name of College:____________________________________________________________________________

Attention:________________________________________________________________________________

Street Address:____________________________________________________________________________

City:________________________ State_________ Zip Code:____________________________

______________________ ________________
Student’s Signature Date

Mail requests to: Southern State Community College
Attention: Records Office
100 Hobart Drive, Hillsboro, OH 45133
OR fax requests to (937) 393-6682

Revised 7/17