

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**

Send to (Provide complete address): _____

Send to (Provide complete address): _____

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