

## Transcript Request Form

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

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

ID# or last 4 of SSN \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

- Ohio Transfer 36 (Transfer Module) completed? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Are you a member of **Phi Theta Kappa**? \_\_\_\_\_ Yes \_\_\_\_\_ No
- If you have completed EDUC 102 or EDUC 1102 (Found. of Education), do you want your time sheets included with your transcript? \_\_\_\_\_ Yes \_\_\_\_\_ No
- If you have completed HSSR 1105 (Survey of Substance Abuse) in 2021 or later, do you want a copy of your CDCA certificate included with your transcript? \_\_\_\_\_ Yes \_\_\_\_\_ No
- If you have completed the Chemical Dependency Degree program in 2021 or later, do you want a copy of your LCDC certificate included with your transcript? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Is this transcript being sent to an employer or potential employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

**SEND TRANSCRIPTS** (Official Transcripts cannot be faxed):\_\_\_\_\_ **Immediately**\_\_\_\_\_ **Hold until current semester grades posted** (\_\_\_\_\_ Semester)\_\_\_\_\_ **Hold until Degree posted****STUDENT SIGNATURE** X \_\_\_\_\_ **Date** \_\_\_\_\_

(Signature authorize SSCC to mail official transcripts to the following addresses.)

Name or College: \_\_\_\_\_

Attention: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name or College: \_\_\_\_\_

Attention: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Send completed transcript request form to:** Southern State Community College  
Attention: Records Office  
100 Hobart Drive, Hillsboro, OH 45133  
**OR** fax request to (937) 393-6682  
**OR** email [transcriptrequest@sscc.edu](mailto:transcriptrequest@sscc.edu)