SOUTHERN STATE COMMUNITY COLLEGE

Office Use Only
Date Sent_____
Staff_____

Transcript Request Form

Today's Date_____

Name_____ Birth Date_____

Address_____City_____State_____Zip_____

ID# or last 4 of SSN_____ Telephone Number (____) _____

Transfer Module completed? ____Yes ____No

Are you a member of **Phi Theta Kappa**? ____Yes ____No

Have you taken EDUC 102or 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 **or** College:_____

Attention:_____

Street Address:_____

City:_____State_____ Zip Code:_____

Name **or** 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
OR email requests to froberts@sscc.edu