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

Revised 6/22