

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
 ___ Yes ___ No

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 offic.)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