

## 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**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