

Transcript Request Form

Please allow **at least one week** for your request to be processed
Fee is \$5.00 per copy of entire transcript

SSC Student ID #: _____

SS#: _____

Date of birth: _____

Name: _____

Maiden/other names used: _____

Address: _____
Street City State Zip code

Phone: _____ Alternate Phone (work, cell): _____

Please check any of the programs that apply to your student records:☐ Undergraduate: Day☐ Undergraduate: Evening☐ Graduate School

SSU Date of graduation _____ Last semester enrolled _____

☐ Mail transcripts to: _____

OR _____

(Additional addresses can be listed on the reverse side.)

☐ I will pick up my transcripts in one week (Note: if transcript is not picked up within 3 months, it will be destroyed and a new request and another fee must be submitted to obtain a transcript)Process **after** my degree has been conferred?☐ YES☐ NO**Total number of transcripts requested:**

Signature: _____**Date:** _____