



SEMINOLE STATE COLLEGE

Request for Transcript

Please print form and return to Admissions by fax, mail, scan and email, or in person. If emailing, **DO NOT** use full social security number.

Last Name:	First Name:	Middle Initial:
Maiden Name: (if applicable)	Social Security or SSC ID #:	Birthdate:

_____ Send transcript after final grades

_____ Send transcript now

Currently enrolled at SSC? _____ Yes _____ No Did you attend SSC before 2004? _____ Yes _____ No

Are you a Graduate of SSC? _____ Yes _____ No If yes, what term and year _____

I hereby authorize the release of _____ copies of my transcript to the person or institution indicated below.

Please PRINT CLEARLY, in blue or black ink, the name and address of party to whom transcript(s) are being mailed:

Name of person or Institution

Address

Town/City State Zip Code

If Unofficial transcript is needed: _____

Fax # or email address

Student's telephone number: _____

Student's signature (Electronic signatures not accepted)

Date of request

FOR OFFICE USE ONLY

Date Mailed: _____ Initialed by: _____

Seminole State College
Admissions Office
P.O. Box 351, Seminole OK 74818-0351
Phone # (405) 382-9230 * Fax # (405) 382-9524
admissions@sscok.edu