



# SEMINOLE STATE COLLEGE

## Request for Transcript

Please Print Form and Return to Admissions by Fax, Mail or In Person

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>
<b>Maiden Name:</b>	<b>Social Security Number:</b>	<b>Birthdate:</b>

\_\_\_\_\_ Send transcript after final grades

\_\_\_\_\_ Send transcript now

\_\_\_\_\_ I am currently enrolled at SSC

\_\_\_\_\_ I am NOT currently enrolled at SSC

I was last enrolled at SSC during the \_\_\_\_\_ semester, 19\_\_\_\_ OR 20\_\_\_\_

Are you a Graduate of SSC: YES or NO if yes, specify term and year \_\_\_\_\_

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

**Please PRINT CLEARLY the name and address of party to whom transcript(s) are being mailed:**

\_\_\_\_\_  
**Name of person or Institution**

\_\_\_\_\_  
**Address**

\_\_\_\_\_ **Town/City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code**

\_\_\_\_\_  
**Student's phone number:**

\_\_\_\_\_  
**Student's signature**

\_\_\_\_\_  
**Date of request**

*Note: E-Mail requests are not accepted.*

### 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