**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.

<table>
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<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Initial:</th>
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<tr>
<th>Maiden Name: (if applicable)</th>
<th>Social Security or SSC ID #:</th>
<th>Birthdate:</th>
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______ 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
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admissions@sscok.edu