

# Stark State College

## Office of Academic Records

6200 Frank Ave NW, North Canton, OH 44720

(330) 494-6170 | Fax-(330) 966-6598

www.starkstate.edu | registration@starkstate.edu

### OFFICIAL TRANSCRIPT REQUEST

*please print in blue or black ink only*

Student name \_\_\_\_\_ SSC Student ID \_\_\_\_\_

Social Security number \_\_\_\_\_

Former Name(s) \_\_\_\_\_

Name changes require documentation (i.e. Social Security card, driver's license, legible court documentation)

Current Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ County \_\_\_\_\_

Telephone Number \_\_\_\_\_

Please indicate when you  
would like your transcript:

- mail transcript immediately
- will pick-up – allow 2 business days for processing, available after 1pm
- currently enrolled, wait until grades are processed for this semester-mail
- currently enrolled, wait until grades are processed for this semester-pick-up
- after graduation

Mail Transcript to:

(use separate form for each different address)


I hereby authorize Stark State College to release my academic transcript. Photo ID required for pick-up. All financial obligations must be reconciled before request will be processed. If you owe fees to the college, this request will be held for 90 days. If after 90 days the financial obligations have not been met, this request will be shredded and a new request will need to be submitted once all payments have been made.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

#### FOR OFFICE USE ONLY

Processed Date \_\_\_\_\_ Initials \_\_\_\_\_