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**Office of Academic Records**  
**Stark State College of Technology**

6200 Frank Ave NW, North Canton, OH 44720  
(330) 494-6170, Ext 4301 or 1-800-797-8275  
Fax-(330) 966-6594  
www.starkstate.edu

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**TRANSCRIPT REQUEST**

*please print in blue or black ink*

Student name \_\_\_\_\_ SSCT Student ID \_\_\_\_\_  
Social Security number \_\_\_\_\_

You can choose to have an *official* or *unofficial* transcript generated. Official transcripts are typically required by other schools and employers. Unofficial transcripts are often used for internal degree audits.

Please indicate which type of transcript you are requesting:  official  unofficial

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 – following business day, 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 to release my academic transcript. ID required for pick-up. All financial obligations must be reconciled before request will be processed.

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

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**FOR OFFICE USE ONLY**

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