
Stark State College**Gateway Student Services**

6200 Frank Ave NW, North Canton, OH 44720

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

www.starkstate.edu | studentservices@starkstate.edu

OFFICIAL TRANSCRIPT REQUEST
Akron School of Practical Nursing*Please print in blue or black ink only*

Student name _____

Date of Birth _____ Last 4 Digits of SSN _____

Former Name(s) _____

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

Current Address _____

City, State, Zip Code _____ County _____

Telephone Number _____

BOX A <i>Email transcript to:</i>	BOX B <i>Mail transcript to:</i>
Name:	Name/Institution:
Email:	Address:

I hereby authorize Stark State College to release my Akron School of Practical Nursing academic transcript. Photo ID required for pick-up.

Student Signature _____ Date _____

FOR OFFICE USE ONLY

Processed Date _____

Initials _____