

HIGH SCHOOL TRANSCRIPT REQUEST FORM

Instructions: Please complete this form and submit it to your previous high school records office, with the appropriate fee, (if applicable). You will need to contact your previous high school records office to discover the amount of the fee (if applicable). If the high school from which you graduated and/or are seeking to receive your transcript is no longer in operation, contact the Department of Education of the state in which the high school was located. Your signature on this completed form is authorization to release and mail an official copy of your transcript to Columbus State Community College.

PLEASE PRINT

Name: _____
LAST FIRST MI PREVIOUS LAST NAME

Date of Birth (mm/dd/yyyy): ____/____/____ Social Security Number: ____/____/____

Graduated (mm/yy): ____/____ Will Graduate (mm/yy): ____/____

Withdrew ____/____

Current Address: _____
STREET APT NUMBER

CITY STATE ZIP CODE

High School: _____
NAME OF HIGH SCHOOL

STREET ADDRESS

CITY STATE ZIP CODE

I authorize an official copy of my High School transcript to be released and mailed to Columbus State Community College.

Signature of Applicant: _____ Date: ____/____/____

Signature of Guardian: _____ Date: ____/____/____
(If student is under 18 years of age)

PLEASE MAIL TRANSCRIPTS TO:
COLUMBUS STATE COMMUNITY COLLEGE
ATTN: High School Transcripts
P.O. Box 1609
Columbus OH 43216

DO NOT FAX TRANSCRIPT. COLUMBUS STATE COMMUNITY COLLEGE DOES NOT ACCEPT FAXED TRANSCRIPTS