

Transcript Request Form

Please return completed request form by fax to Clark State at 937/328-6097 or mail it to the address at the bottom of the page. There is a \$2 charge for each transcript requested. Please allow 3-5 business days to process your request.

Name _____
Last First Middle Maiden

Address _____

City, State, Zip _____

Social Security No. _____ Phone number () _____

Former name(s) used at Clark State _____

Dates of attendance _____

Did you graduate from Clark State? _____

Please check one:

_____ Send transcript(s) immediately. _____ Hold for current quarter grades.

Number of transcripts requesting _____ (Each transcript is \$2.)

If you are returning the transcript request form by fax, please provide credit card information below:

Credit card number _____ Expiration date _____

Please check one:

_____ I will pick up transcript(s) _____ Mail transcript(s) to address(es) below:

Signature _____
(Required)

Date _____

**Records and Registration Office
Clark State Community College
P.O. Box 570
Springfield, OH 45501-0570**

Office use only:	
_____	_____
Date received	Payment amount
_____	_____
Date processed	Process by