

# 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**

Office of the Registrar  
550 East Spring Street  
Columbus OH 43215

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