

REQUEST FOR TRANSCRIPT
STARK STATE COLLEGE OF TECHNOLOGY
6200 FRANK AVE NW
CANTON, OHIO 44720-7299

Below please print your name, last name first & include any former/maiden names

Name _____ SSN# _____

Current address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Former Name _____

MAIL TRANSCRIPT TO:

Please check the appropriate box:

- Mail transcript immediately
- Will pick up transcripts
- Mail transcripts when term ends

I hereby authorize Stark State College of Technology to
release my academic transcript.

Please complete the form and bring/mail it to the above address, Attn. Registration Office. Or you can fax the form to: 330-966-6594 Please allow for 2 days processing. Please use a separate form for each different address