



Office of Student Records and Registrar
352 Lafayette Street, Salem, MA 01970

Transcript Request Form

Please allow **at least two weeks** for your request to be processed
Fee is \$2.00 per copy of entire transcript

SSC Student ID #: _____

SS#: _____

Date of birth: _____

Name: _____

Maiden/other names used: _____

Address: _____
Street City State Zip code

Phone: _____ Alternate Phone (work, cell): _____

Please check any of the programs that apply to your student records:

- Undergraduate: Day Undergraduate: Evening Graduate School

SSC Year of graduation _____ Last semester enrolled _____

Mail transcripts to: _____

OR _____

I will pick up my transcripts in two weeks (Note: if transcript is not picked up within 3 months, it will be destroyed and a new request and another fee must be submitted to obtain a transcript)

Process **after** current semester grades are available? YES NO

Total number of transcripts requested: _____

Signature: _____ **Date:** _____