Academic Records Request
Office of the Registrar

Cincinnati State
TECHNICAL AND COMMUNITY COLLEGE

Cincinnati State, Office of the Registrar, Room 161 Main
3520 Central Parkway, Cincinnati, Ohio 45223 • Phone: (513) 569-1522 • Fax: (513) 569-1883

Name _____ ❑ Jr. ❑ Sr. ❑ II ❑ III
Last First Middle

Current Address: _____
Number and Street Apt/Unit

_____
City State Zip Code County

Social Security # ___ ___ ___ - ___ ___ - ___ ___ ___ ___ Student ID # ___ ___ ___ ___ ___ ___ ___

Home Telephone ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___ Other Telephone ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___

❑ Unofficial Transcript

I am a current or former student who has enrolled at Cincinnati State since the Early Fall 1986 term.
This transcript will not be printed on official paper.

❑ Please print now ❑ Please mail to my current home address ❑ I will pick up tomorrow after 9 am

❑ Academic Evaluation

I am an active student currently admitted in a degree or certificate program at Cincinnati State Technical and Community College.

My current degree program is: _____ My second degree program is: _____

❑ Please print now ❑ Please mail to my current home address ❑ I will pick up tomorrow after 9 am

❑ Grade Report Card

I am a current or former student who has not received my report card for the term most recently completed.

❑ Please print now ❑ Please mail to my current home address ❑ I will pick up tomorrow after 9 am

In compliance with the Family Education Rights and Privacy Act (FERPA) your signature is required before your request for the specified academic records can be processed.

_____ ___ ___ / ___ ___ / ___ ___ ___ ___
Student's signature Date of request

_____ ___ ___ / ___ ___ / ___ ___ ___ ___
Processed by Date of process