

Official Transcript Request

Office of the Registrar
3520 Central Parkway
Cincinnati, OH 45223
(513)569-1522
Fax (513)569-1883
E-mail: transcripts@cincinnati.edu

Student Information

SSN or ID. Number: _____

Name _____ Jr. Sr. II III
Last First Middle

Former Name(s): _____

Current Address: _____

City State Zip code

Phone Number: (____) _____ - _____ Home Work TDD #

Cell Number: (____) _____ - _____

Please provide a contact phone number(s)

Enrollment Information

Approximate dates of enrollment: _____

Did you Graduate? Yes No If yes approximate year of graduation: _____

Did you attend **Bethesda School of Nursing and Cincinnati State**? Yes No Only Bethesda School of Nursing

Bethesda School of Nursing students, please include Date of Birth ____/____/____

Special Processing Request(s)

Do not send transcripts until: Current semester grades are posted Graduation Date has been posted

Change of grade for course # _____ is posted

Transcript Processing Information

Please mail to address below Please mail to address below and also fax to (____) _____

Number of Copies to be mailed:

Student's Authorization Signature

This is a request/authorization to send my Cincinnati State and/or Bethesda School of Nursing transcript(s) as requested. All financial obligations to the college must be cleared before any transcript can be released. This service is free. Current students please allow 3 to 7 working days for processing, students who attended prior to 1986 please allow 7 to 10 working days.

Student's signature

Date of Request