Official Transcript Request

This form can be emailed to: transcripts@cincinnatistate.edu

Cincinnati State
TECHNICAL AND COMMUNITY COLLEGE

Student Information

Full SSN or ID Number: _____

Full Name: _____
    Last   First   Middle

Former Name(s): _____

Current Address: _____

_____
    City   State   Zip Code

Please provide your contact phone number(s)

Phone: _____   Home   Work   TDD#
    Area Code

Cell: _____
    Area Code

Enrollment Information   Approximate dates of enrollment: _____

Did you graduate? ☐ Yes ☐ No   If yes, approximate year of graduation? _____

Did you attend <u>Bethesda School of Nursing and Cincinnati State?</u> ☐ Yes ☐ No   Date of Birth: _____

Did you attend <u>Great Oaks School of Practical Nursing?</u>   ☐ Yes ☐ No   Date of Birth: _____

Special Processing Requests   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   Number of copies to be mailed: _____

☐ Please mail to name and address below   ☐ Please mail to name and address below **and also fax*** to _____
    Area Code

_____

_____

_____

*Note, faxed transcripts will be honored if fax and mailing locations are the same.

Student's Authorization Signature

This is a request/authorization to send my Cincinnati State, Bethesda School of Nursing and/or Great Oaks School of Practical 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