

Official Transcript Request

This form may be emailed to: transcripts@cincinnatiastate.edu



Student Information

Cincinnati State Student ID Number: _____
or Last Four Digits only of SSN

Date of Birth: ____/____/____
MM/DD/YYYY

Full Name: _____
Last First Middle

Former Name(s): _____

Current Address: _____

City State Zip Code

Phone: _____

Email: _____

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 Date of Birth: _____

Did you attend Great Oaks School of Practical Nursing? 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, also *FAX to: _____

***NOTE: faxed transcripts will be honored if fax and mailing locations are the same. Transcripts cannot be emailed at this time.**

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. Current students please allow 3 to 5 business days for processing. Students who attended prior to 1986 please allow 7 to 10 working days.

Student's signature Date of Request