

# Unofficial Transcript Request

This form can be emailed to: [transcripts@cincinnati-state.edu](mailto:transcripts@cincinnati-state.edu)



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

## Student Information

Cincinnati State Student ID Number: 0 \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM/DD/YYYY

Full Name: \_\_\_\_\_  
Last First Middle

Former Name(s): \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Student Enrollment Information

Approximate dates of enrollment: \_\_\_\_\_

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

Did you attend Great Oaks School of Practical Nursing?  Yes  No

## Unofficial Transcript Processing Information

Email to: \_\_\_\_\_

Mail to (list name and address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Student's Authorization

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date