Unofficial Transcript Request

This form can be emailed to: transcripts@cincinnatistate.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

Cincinnati State Technical and Community College • Office of the Registrar • ATLC 105
3520 Central Parkway • Cincinnati, Ohio 45223-2690 • Telephone: (513) 569-1522 • Email: transcripts@cincinnatistate.edu • Fax: (513) 569-1883