

## **COLLEGE TRANSCRIPT REQUEST FORM**

To the Cleveland State University Applicant: Please complete this form and submit to the Registrar's Office at the previous institution(s) you have attended. Please consult with the institution(s) for the procedures and processing costs associated with transcript requests.

To the College / University: Please send my official academic transcript to the following address:

Cleveland State University Application Processing Center Office of University Registrar 2121 Euclid Avenue, KB 1400 Cleveland, Ohio 44115-2214

First Name	Middle Name	Last Name	
Birthdate	Social Security Num	Social Security Number or College ID Number	
From	То		
Dates of Attendance			
Signature		Date	