



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
1836 Euclid Avenue, UN 301
Cleveland, OH 44115

First Name Middle Name Last Name

Birthdate Social Security Number or College ID Number

From To
Dates of Attendance

Signature Date