

Authorization to Release Cleveland State University Transcript to Specified College

STUDENT INFORMATION:			
Name:		CSU ID # or last 4 digits of SS # :	
Date of Birth (mm/dd/yyyy):	List any other names used while attending (institution):		
Address:		Email:	
City:	State:	Zip:	Current Phone Number: () -
College to Send the Transcript To (REQUIRED):			
Purpose: Reverse Credit Transfer (Credit When It's Due Initiative)			

Authorization to Release Academic Records

I hereby authorize Cleveland State University to share my student records and contact information with the college identified above to send my transcript as deemed necessary by each institution for the purpose of program review and evaluation until my program completion at Cleveland State University. I give my permission for the above named college to evaluate my academic records and apply my university coursework in order to determine my eligibility for an associate degree.

Signature: _____ Date _____

Form submission options:

Email to:
registrar@csuohio.edu

Mail to:
Cleveland State University
Office of the University Registrar
2121 Euclid Avenue,
Cleveland, Ohio 44115