



Mail form and payment to:

CSPN
 4700 Rockside Road
 Summit 1, Suite 250
 Independence, Ohio 44131
 Attention: Registrar's Office

Questions: (216) 901-4400
 Fax: (216) 901-4020

Transcripts are \$10.00 per copy and will be sent within 5 - 7 business days

Payment:

- Cash (in person only)
- Money order (in person or by mail)

Do not send cash via US Mail.

No transcript will be issued if you have an outstanding balance or if you are in default on a student loan.

Transcript Request Form

Please print all information legibly.

Last name _____ First name _____

Previous name(s) used at CSPN, if applicable _____

Social Security number _____ Date of birth _____

Graduation date _____ or year last attended _____

Current address _____

City _____ State _____ ZIP _____

Phone _____ Alternate phone (optional) _____

Number of transcripts requested: _____

Amount enclosed: _____

Send transcripts to: (Include department or individual title/name, if applicable)

Note: Official transcripts sent directly to a student may not be accepted by a third party.

Name (if applicable) _____ School, facility, etc. _____ Address _____ _____ City _____ State _____ ZIP _____	Name (if applicable) _____ School, facility, etc. _____ Address _____ _____ City _____ State _____ ZIP _____
--	--

I authorize the release of information contained in my academic transcripts to the parties listed above:

 Signature

 Date