



Transcript Request Form

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.

Please print all information legibly.

Last name _____ First name _____

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

Last 4 digits of 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