



Central SCHOOL OF PRACTICAL Nursing

Email or fax form to:

svickroy@cspnohio.edu

Fax: (216) 901-4020

Questions: (216) 901-4400

There is no charge for transcripts at this time due to COVID. \$10 charge may be charged starting Jan. 2022. Official transcripts be processed within 5 business days. Please plan accordingly. Transcript requests must be submitted by emailing this form. No in-office, in-person requests are available at this time.

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 _____

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: _____

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

Email (unofficial) transcripts to: _____

Note: Most colleges require official transcripts that are mailed, in a sealed envelope with our official seal stamp on the transcript. Please confirm with your college representative that transcripts will be accepted if they are emailed.

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

Signature

Date