

Email or fax form to:

arandazzo@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 Fi	rst 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	
CitySta	ateZIP
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
CityStateZIP	CityStateZIP
Email (unofficial) transcripts to:	
Signature	Date