



## Cleveland State University

### COLLEGE TRANSCRIPT REQUEST FORM

To the Cleveland State University Applicant:

Please complete this form and submit to the Registrar's Office at the previous institution(s) you have attended. Please consult with the institution(s) for the procedures and processing costs associated with transcript requests.

To the College / University:

Please send my official academic transcript to the following address:

Cleveland State University  
Application Processing Center  
Office of University Registrar  
2121 Euclid Avenue, UC 400  
Cleveland, Ohio 44115-2214

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First Name	Middle Name	Last Name
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Birthdate	Social Security Number or College ID Number
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FROM	TO
Dates of Attendance	

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Signature	Date
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