



TRANSCRIPT REQUEST FORM

3202 West 30th Street, 2nd Floor

Cleveland, OH 44109

Phone: 216.838.7100

All the student information below is needed to complete the transcript request.

No Transcript Request will be fulfilled until \$5.00 payment (check or money order) is received.

Check One Only

☐ Unofficial Transcript (email) ☐ Official Transcript ☐ Graduation Verification Letter

Current Name: _____
Last Name First Name MI

Maiden Name: _____
Last Name First Name MI

Street Address: _____

City/State/Zip Code: _____

Date of Birth: _____ Daytime Telephone Number: _____

Year(s) Attended: _____ Graduation Year: _____ Withdrawal Year: _____

Check One Only

☐ Mail ☐ Pick Up ☐ Email Unofficial

Email Address: _____

Send Requested Information To:

Name of Business/School: _____

Street Address: _____

City/State/Zip Code: _____

Requestor Signature: _____ **Date Requested:** _____

OFFICE USE ONLY			
Payment Received: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Payment Received By:	Date Request Completed:	Request Completed By: