

High School / College Transcript Request Form



3520 Central Parkway
Cincinnati, Ohio 45223-2690

513-569-1500 tel
www.cincinnati-state.edu

Please complete this form and submit it **with any required fees** to your high school and/or college when requesting transcripts to be sent to Cincinnati State. **Seniors must request a final high school transcript be sent to Cincinnati State upon graduation.** Transcripts will only be accepted when mailed directly to Cincinnati State from the issuing institution.

Name (last, first, middle) _____

All Previous Names _____

Mailing Address (number & street) _____

City / State / Zip / County _____

Social Security Number ____ - ____ - ____

Phone Number (____) ____ - ____

Birth Date ____ / ____ / ____

Graduation ____ / ____ / ____

or Attendance Dates _____

E-mail Address _____

Registrar: Please attach a copy of this form to the transcript.
Transcripts must be mailed directly to the Office of Admission Records.
Hand carried or faxed transcripts will not be accepted.
We will accept transcripts sent via eScript-Safe and Docufide/Parchment Inc.

Mail to: Office of Admission Records
Room 181, Main Building
Cincinnati State Technical and Community College
3520 Central Parkway
Cincinnati, OH 45223-2690

I authorize you to release an official copy of my high school/college transcript(s) to
Cincinnati State Technical and Community College.

Student Signature _____ Date ____ / ____ / ____