CENTRAL STATE UNIVERSITY
Office of the Registrar
P.O. Box 1004
Wilberforce, Ohio 45384-1004
registrar@centralstate.edu

TRANSCRIPT REQUEST FORM

If you are sending transcripts to more than one entity, a separate request form must be completed for each entity.

STUDENT ID # or SSN: _____ DATE: _____

NAME: _____ ____ _____ _____
First MI Last Maiden

CURRENT ADDRESS: _____

CITY: _____ STATE: ____ ZIP CODE: _____

PHONE NUMBER: (_____) _____ BIRTH DATE: _____

DATES OF ATTENDANCE AT CSU: _____ GRADUATE: Yes/ No

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YOUR INSTRUCTIONS

□ Please send transcript immediately □ Hold transcript for current grades
□ Hold transcript until my degree is posted

# of official transcripts requested _____

Please mail my transcript to:

Transcript Fee: $7.00 for each copy
Same Day Service: $10.00 for each copy
(Allow up to 3 hours for processing)

_____
_____
_____
_____
_____

Payment by cashier's check or money order must accompany request.
If paying by credit card (VISA, MasterCard, or Discover Card) please complete the fields below and fax this form to (937) 376-6342.

Card # _____ Expiration Date _____ Secure Code ___
(mm/yyyy)

Card billing address: _____

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SIGNATURE (required): _____ **DATE:** _____

Revised 12/11