



Transcript Request Procedures

- The below form must be completed entirely
 - Incomplete requests will be returned
- Allow 3 business days for processing
 - Transcript requests made during times when school is not in session will be processed after the return to regular business hours
- Include an envelope with name and address of recipient
- \$5.00 fee per transcript request
- Fee payable with cash or money order (made out to Cleveland School of the Arts)
- Office Hours for Transcript Requests are Monday-Friday, 9:00 AM to 2:00 PM
- Transcript Requests may be dropped off or mailed to Cleveland School of the Arts (2064 Stearns Rd)

Return below- keep a copy of the above information for reference

Current Name: _____
(Last Name) (First Name)

Former/Maiden Name: _____
(Last Name) (First Name)

Current Address: _____
(Street Address) (City) (State) (Zip Code)

Date of Birth: ____/____/____ Phone Number: (____) _____ - _____

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

Father/Guardian's Name: _____ Mother/Guardian's Name: _____

Number of Transcripts Requested (\$5.00/ transcript) _____ Name(s) and Address(es) for mailing:

