



The School of Nursing @ Cuyahoga Valley Career Center Transcript Request Form

DIRECTIONS: PLEASE PRINT AND COMPLETE THIS FORM THOROUGHLY AND MAIL WITH A \$3.00 PROCESSING FEE (CHECK OR MONEY ORDER PAYABLE TO CVCC). DO NOT SEND CASH. RETURN FORM WITH PAYMENT TO:

**The School of Nursing @ CVCC
8001 Brecksville Rd.
Brecksville, OH 44141
Attn: Carol/Toya
440-746-8206 or 440-746-8332
FAX: 440-746-8117**

Name: _____ Last 4 digits of SS# _____

**Name at time of graduation (if different from above)* _____

Address: _____

Contact Phone & Email: _____

**Year of Graduation:* _____ (required)

Where would like your transcript (s) sent to: (1) _____
(Please include name & address)

(2) _____

(3) _____

- Note: There is a \$ 3.00 processing fee for each transcript request.
- Please allow 3 -5 business days for processing from time request is received.
- Note: You must have completed at least (1) one course while enrolled in our practical nursing program to generate a transcript.

Authorized Signature: _____

Date Signed: _____

The School of Nursing @CVCC (formerly Parma School of Practical Nursing)

Office Use Only:

Date Request Received: _____

Date Sent: _____