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| Student Information:        |        |  |  |  |  |  |  |  |
|-----------------------------|--------|--|--|--|--|--|--|--|
| Name:                       |        |  | CSU ID # or last 4<br>digits of SS # : |  |  |  |  |  |
| Date of Birth (mm/dd/yyyy): |        | List any other names used while attending CSU: |  |  |  |  |  |  |
| Address:                    |        | Email:   |  |  |  |  |  |  |
| City:                       | State: | Zip:   | Phone Number:<br>( ) -                 |  |  |  |  |  |

# Dates of Attendance From To Term: Year: Term: Year:

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| Included)                                    |   | UK | Process AFTER Degree is Awarded                  |  |

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| *Additional destinations may be listed on the reverse of this form. |        |  |      |                      |  |  |  |
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 Attachment Included:
 Other:

Signature (required): \_\_\_\_

Requests completed in person may be returned to: Campus411 All-in-1 1899 Euclid Ave., BH 116, Cleveland, Ohio 44115 *Must be returned with receipt of payment* 

### Send requests by mail to: Cleveland State University, Registrar's Office 2121 Euclid Avenue, UN 441 Cleveland, Ohio 44115

Date: \_