



**HURON SCHOOL OF NURSING (HSON)  
TRANSCRIPT REQUEST FORM**

Name (when enrolled): \_\_\_\_\_ SS# \_\_\_\_\_

Any other name(s) used:  
\_\_\_\_\_

Dates of enrollment: \_\_\_\_\_

Transcript(s) to be sent to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip code

**Your current verification information:**

<b>Office Use Only</b>	
<b>Quantity:</b>	_____
<b>Amount Paid:</b>	_____

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City, State, Zip code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail: (Optional)

\_\_\_\_\_  
Student Signature (Required)

Transcripts will be issued to any student or graduate who has fulfilled all obligations to HSON and/or the Cleveland Clinic Health System. Each student or graduate will be eligible to receive up to two (2) transcripts each academic year at no cost (the academic year is defined as the dates from September 1 through August 31). Should additional transcripts be required, there will be a \$10.00 fee for each transcript. Transcript fee (s) must be paid in advance by certified check or money order made payable to the **Cleveland Clinic**. Credit card payments cannot be accepted.

Transcripts are released only by a request **signed by the student or graduate**. Partial transcripts are not issued. Transcripts include all courses completed at HSON. Transcripts from high schools or other colleges cannot be duplicated. Transcript requests will be processed within **7-10 business days**. Address all transcript requests to **Huron School of Nursing/ Department of Nursing Education, 9500 Euclid Ave./ HSB 111 Cleveland, OH 44195** and enclose your payment.

**WE ARE NOT ABLE TO PROCESS RUSH ORDERS.**

**When multiple copies are requested to be sent to the same address, they are sent in separate envelopes.**

To check the status of your request contact: Huron School of Nursing/ Department of Nursing Education, 9500 Euclid Ave./ HSB 111 Cleveland, OH 44195, Telephone: 216.444.2716, Fax: 216.636.2190.

School use only:  
Date transcript request received \_\_\_\_\_  
Date transcript mailed \_\_\_\_\_  
Revised 09/1/11