



375 Dixmyth Avenue / Cincinnati, Ohio / 45220-2489
(513) 862-2631 Fax (513) 862-3572
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Request for Transcript

To request a transcript completely fill in the information below and fax or mail this request form to the College. All requests must have a handwritten signature. Please request two weeks before needed. If a separate transcript of credits from the College of Mt. St. Joseph is required, it must be requested through the College of Mount St. Joseph Registrar Office, 513-244-4621.

- Note: Transcripts sent to you are not official.

Fax or Mail To:
Request for Transcript
Good Samaritan College of Nursing and Health Science
375 Dixmyth Avenue
Cincinnati, OH 45220-2489
Fax 513-862-3572

Current Name: _____
Graduation Name: _____
Address: _____
City, State, Zip Code: _____
Home Phone: () _____
Business Phone: () _____
Mobile Phone () _____
Email: _____
Graduation Month/Year: _____
Social Security Number: _____

Send Transcript To: _____
Address: _____
City, State, Zip Code: _____

Reason for Request: _____

Print Name: _____

Required Signature: _____ Date _____