

**Mailing Address**  
 PO Box 208321  
 New Haven, CT 06520-8321  
 Phone: (203) 432-2331

**Yale University**  
 Faculty of Arts and Sciences  
 Office of the Registrar

**Street Address**  
 246 Church Street 3<sup>rd</sup> floor  
 New Haven, CT 06511  
 Fax: (203) 432-2334

**TRANSCRIPT REQUEST FORM**

**Transcript Charges: \$7.00 for the first transcript (per address)  
 \$3.00 for additional transcripts ordered at the same time for the same address**

Full Name: \_\_\_\_\_  
 (last) (first) (middle)  
 Student ID Number (SID): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student type (select all that apply)	Handling and special service charges
<input type="checkbox"/> <b>Yale College</b> Class: _____  <input type="checkbox"/> <b>Graduate School*</b> Grad. date: _____ <i>* Professional school students (Law, Management, Divinity, EPH, FES, Drama, Music, Architecture, Art, Medicine, Nursing) must obtain transcripts from their own school registrars.</i>  <input type="checkbox"/> <b>Non-Degree/Eli Whitney</b> Attend. dates: _____  <input type="checkbox"/> <b>High School Student</b> Attend. dates: _____  <input type="checkbox"/> <b>Yale Summer Session</b> Attend. dates: _____	<input type="checkbox"/> <b>Will pick up:</b> (date & time) _____ <i>*photo I.D. required for pickup</i>  <input type="checkbox"/> <b>Send via first-class U.S. mail</b> (completed address slip required for each recipient) <b>Express delivery</b> <i>(Overnight not available to all locations. Address and recipient phone number must be listed below).</i>  <input type="checkbox"/> Within U.S. (\$12) <input type="checkbox"/> Canada or Mexico (\$25) <input type="checkbox"/> All other countries (\$45)
<input type="checkbox"/> <b>DO NOT place in signed and sealed envelopes</b> <i>(release directly to student)</i>	
<input type="checkbox"/> <b>Charge to Student Financial Services Account</b> (bursar)	

Qty	Delivery instructions (pickup or send out) and any special instructions
_____	_____
_____	_____
_____	_____



**TOTAL**

**Did you remember to complete an address slip for each transcript recipient?  
 It will be used as your mailing address label (please print neatly!)**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

Rev. 10/09

Bill	Paid	By	For Office Use Only	
			# of Transcripts	Initials
			Check #	Date Sent
			Amount Paid	