



## Transcript Request Form

Name: (print) \_\_\_\_\_

Student ID No.: \_\_\_\_\_

*9 digits, starts with 9, see ID*

Date of Birth: \_\_\_\_\_

Recipient: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Cell phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Number of Transcripts:

\_\_\_\_\_ \$3.00 for Current Students

\_\_\_\_\_ \$5.00 for Alumni      Year Graduated \_\_\_\_\_

Payment attached via: **(No credit cards accepted)**

\_\_\_\_\_ Cash *(This option is available only when making request in person at Registrar's Office.  
Do not send cash via mail.)*

\_\_\_\_\_ Check *(Checks payable to Yale University)*

\_\_\_\_\_ Money Order

Envelope sealed and signed on the back: \_\_\_\_\_ Yes      \_\_\_\_\_ No

Transcript:    \_\_\_\_\_ Mailed to above address  
                  \_\_\_\_\_ Emailed to \_\_\_\_\_  
                  \_\_\_\_\_ Or both

Date Needed: \_\_\_\_\_  
*(Note—transcript requests require 24 hours for processing)*

Signature: \_\_\_\_\_  
*(Required)*

Date: \_\_\_\_\_

**Note:** If this transcript request is for NCARB please attach NCARB form.  
NCARB will not accept the transcript without form.