



Yale School of Architecture

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Phone: 203-432-2296

Transcript Request Form

Name: _____

Student ID No.: _____

Date of Birth: _____

Transcript _____

Recipient _____

Mailing Address: _____

Cell phone _____

Email Address _____

Number of Transcripts:

_____ \$3.00 for Returning 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: _____