

Yale School of Architecture

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Transcript Request Form

Name: (print)	
Student ID No.:	9 digits, starts with 9, see ID
Date of Birth:	
Cell phone:	
Email Address:	
Number of Transcripts:	
\$3.00 per trai	ascript for Current Students
\$5.00 per tran	ascript for Alumni Year Graduated
Payment attached via:	
Cash (This optio	on is available only when making request in person at Registrar's Office. Do <u>not</u> send cash via mail.)
Check (Checks payable to Yale University)	
Money Order	
Credit Card (please call to give credit card number)
Recipient's Name:	
Recipient's Mailing Address:	
Transcript: All transcript requests require 24 hours for processing.	
— Maileo	d to above Recipient's Mailing Address
Email	to:
Or bo	th
Envelope sealed and signed on the back:YesNo	
Signature:	
(Required) Date:	
Note: If this transcript request is for NCARB please attach NCARB form. NCARB will not accept the transcript without their form. It takes 5-10 business days to process once received.	

Office use only: Paid by _____ Mailed/Email/Pickup Date: _____ Revised 2/5/20