



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 transcript for Current Students

_____ \$5.00 per transcript 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

Recipient's Name: _____

Recipient's Mailing Address: _____

Transcript: *All transcript requests require 24 hours for processing.*

_____ Mailed to above Recipient's Mailing Address

_____ Email to: _____

_____ Or both

Envelope sealed and signed on the back: _____ Yes _____ No

Signature: _____
(Required)

Date: _____

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