



Transcript Request Form

Name: _____

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 Option:

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

Credit Card *(please call to give credit card number)*

Mail To:

Recipient's Name: _____

Recipient's 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: _____

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: _____ Name: _____