

Alumni Transcript Request Form

Instructions

- Please print clearly all the information requested below
Return the completed form to Student & Academic Services, Registrar's Office:
Mailing Address: P.O. Box 208200, New Haven, CT 06520-8200
Fax: 203-432-9916
Scan and email copy of the PDF form to: SOMRegistrar@yale.edu
Please allow three business days for processing.
Processing fee is \$7.00 for the first transcript and \$3.00 for each additional transcript ordered at the same time (payable by cash, check drawn on U.S. bank and made out to Yale University, or MasterCard/Visa)
For express mail return service, please provide a credit card number or FedEx/DHL account number.

Name _____

Class Year _____

MasterCard or Visa no. _____ Exp. Date _____

Input box for number of copies requested

Number of copies requested. If the order is for more than one transcript, please indicate if each one needs to be individually sealed in its own envelope. Individually sealed: Yes _____ No _____

Please hold in the Student Affairs Office for me to pick up (if an email address is provided, we will notify you when the transcript is ready for pick-up)

Please send to the address listed below (use back of form for additional addresses if needed):

Addressee _____

Organization (if applicable) _____

Street _____

City, State, Zip _____

Country _____

Mailing Preference (U.S. Mail, U.S. Air Mail, FedEx) _____
(For records being sent outside the U.S., please review vendor mailing options and specify the most timely and/or cost-effective method. For return service via DHL, an account number must be provided.)

Signature (Required) _____ Date _____

Email Address _____

U.S. Telephone Number (if available) _____

Intl. Tel Number (for international priority shipping with FedEx or DHL): _____

For Office Use: Check _____ Cash _____ Credit Card _____ Date Processed _____