Alumni Transcript Request Form

Instructions

- Please print clearly all the information requested below
- Return the completed form to Registrar’s Office Evans Hall 2540:
  - Mailing Address: P.O. Box 208200, New Haven, CT 06520-8200
  - Fax: 203-432-9916
  - Scan and email copy of the form to: SOMRegistrar@yale.edu - document must be formatted as a pdf file
- 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 account number.

Name

Class Year ________________ Email ________________________________

☐ Number of copies requested. Please indicate if the transcript(s) needs to be sealed in its own envelope:

  Yes ______ No ________

☐ Please hold in the Registrar Office for me to pick up (we will notify you when the transcript is ready for pick-up)

☐ Please email an unofficial copy (if you would like an unofficial copy only please leave the credit card information blank)

  Email (print clearly) ____________________________________________

MasterCard or Visa no. ____________________________ Exp. Date ____________

☐ Please send to the address listed below – print clearly

  Address: ____________________________

  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 FedEx mailing options and specify the most timely and/or cost-effective method. If sending express mail to a domestic residential location, can the envelope be left without a signature? ___ Yes ___ No)

Signature (Required) ________________________________________ Date ____________

U.S. telephone number (if available) ____________________________

If sending express mail to a second party, telephone number for recipient: ____________________________

Intl. Tel Number (for international shipping with FedEx): ____________________________

For Office Use: Check _____ Cash _____ Credit Card _____ Date Mailed ____________________________