



Yale School of Architecture
P.O. Box 208242
New Haven, CT 06520-8242
Phone: 203-432-2296

Transcript Request Form

Name: _____

Student ID No.: _____

Date of Birth: _____

Address: _____

Number of Transcripts:

_____ \$3.00 for Returning Students

_____ \$5.00 for Alumni Year Graduated _____

Payment attached via:

_____ Cash *(This option is available only when making request in person at Registrar's Office. Do not send cash via mail.)*

_____ Check

_____ Money Order

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

Date Needed: _____

(Note—transcript requests require 24 hours for processing)

A stamped and addressed envelope must accompany all transcript requests to be mailed directly to a third party.

Signature: _____

(Required)

Date: _____