

UNIVERSITY OF NEW HAVEN TRANSCRIPT REQUEST FORM

<ul style="list-style-type: none"> ▪ Effective July 1, 2007 there is no charge for transcripts. ▪ Please allow seven business days for processing. Allow additional 3-5 at the beginning of the semester. ▪ If your record has a financial hold, you must have the hold removed before the transcripts will be issued ▪ A letter releasing your transcripts to a friend or relative must accompany this form if they are picking up or mailing your transcript for you. 		
Student ID # or Social Security #	Today's Date	
Last Name (Print)	First	Middle
Former Name(s)	Date of Birth	
Street Address	Telephone Number	
City, State, Zip		
E-Mail Address	First Registered (Date)	Last Registered (Date)
Mail to: (If more than one address please attach list)		
Request to hold transcript until posting of grades for:(circle one) Fall Winter Spring Summer	Student Type: Undergraduate _____ Graduate _____ Degree Earned : _____	
Signature: (required)		

Send all transcripts requests to:
University of New Haven Office of the Bursar
300 Boston Post Road, West Haven, CT 06516
Telephone: (203) 932-7217
Fax: (203) 931-6086