



Send all requests to:

University of New Haven
Office of the University Registrar
300 Boston Post Road
West Haven, CT 06516
Telephone: (203) 932-7309
Fax: (203) 931-6096

TRANSCRIPT REQUEST FORM

<ul style="list-style-type: none"> ▪ There is no charge for transcripts. ▪ Please allow three to five business days for processing. ▪ 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 your transcript for you. 	
Student ID #	Today's Date
Last Name (Print)	First Middle
Former Name(s)	Date of Birth
Street Address	Telephone Number
City, State, Zip	
E-Mail Address	Approximate dates of Attendance
Please indicate pickup or 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)	