

# Yale University

School of Public Health  
Registrar's Office  
47 College St.  
New Haven, CT. 06510

Phone: (203) 785-6260  
Fax: (203) 785-7356

## YSPH TRANSCRIPT REQUEST FORM

Name \_\_\_\_\_  
First Middle Last

Student Status: 1<sup>st</sup> Year \_\_\_\_\_ 2<sup>nd</sup> Year \_\_\_\_\_  
YSPH Alumni \_\_\_\_\_ Year of Graduation \_\_\_\_\_

\_\_\_\_ Number of official copies requested (\$5 Charge Per Transcript)

\_\_\_\_ Number of student - unofficial - copies requested (No Charge)

\_\_\_\_ Delay sending transcript(s) until this semester's grades have been reported

\_\_\_\_ Transcripts will be picked up at the Registrar's Office

\_\_\_\_ Mail via FedEx Express Mail (\$10 charge per mailing address)

\_\_\_\_ Mail the transcript to the following address(es):

1. Name \_\_\_\_\_

Company (School) \_\_\_\_\_

Street/Box \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (Required for FedEx Delivery) \_\_\_\_\_

2. Name \_\_\_\_\_

Company (School) \_\_\_\_\_

Street/Box \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (Required for FedEx Delivery) \_\_\_\_\_

*If more space is needed, include those addresses on a separate sheet.*

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ Please charge my Bursar Account (Current students only)

\_\_\_\_ Payment Enclosed in the Amount of: \_\_\_\_\_ (Make checks payable to Yale University)

If you are requesting your transcript by mail, you should enclose a check made payable to Yale University. If you fax your request, please pay as soon as possible after sending your fax. Your request will be generated and sent by regular mail within 48 hours of our receiving your request.