

**Request for Transcript
YALE DIVINITY SCHOOL
Office of the Registrar
409 Prospect Street
New Haven, CT 06511
Tel 203-432-5311
Fax 203-432-7475**

DATE OF REQUEST _____

NAME: _____

ALTERNATE NAME(S)/NAME AT GRADUATION:

CURRENT MAILING ADDRESS:

E-MAIL: _____

TELEPHONE: _____

STUDENT ID # _____

SEND TRANSCRIPT NOW

SEND WHEN CURRENT SEMESTER GRADES ARE AVAILABLE

CURRENTLY ENROLLED

PREVIOUSLY ENROLLED

YEAR LAST ATTENDED _____

M.Div. ____ MAR ____ STM ____ Non-degree ____

(if requesting transcripts for more than one degree please indicate the number of copies per degree.)

TOTAL NO. OF COPIES _____

Official ____ Unofficial ____

-
-
- I WILL PICK UP
 MAIL TO ME AT ADDRESS ABOVE
 MAIL TO ADDRESS(ES) BELOW

SEND TRANSCRIPT TO:

SEND TRANSCRIPT TO:

SEND TRANSCRIPT TO:

**THIS REQUEST CANNOT BE PROCESSED WITHOUT
YOUR SIGNATURE**

REQUESTOR'S SIGNATURE:

Please allow one week for transcripts to be processed

OFFICE USE ONLY:

Date Issued _____