OFFICE OF THE REGISTRAR
YALE LAW SCHOOL
127 Wall Street
New Haven, CT 06511

Official Transcript Request Form

PURPOSE: Request to receive your official transcript. There is no charge for this service.
INSTRUCTIONS: Complete and return to the Registrar's Office. You may fax in your request to 203.432. 7069. Requests take 24 to 48 hours to process.

Student Information

Last Name: _____ First Name: _____

Student ID#: _____ Class Year: _____

Date of Birth: _____ Daytime Phone: _____

Quantity and Delivery Instructions

Quantity Requested: _____(max. 10)

☐ I will pick up transcript(s) (*please bring ID*).

☐ Please mail to the address below.

_____

_____

_____

_____

_____

_____

Student Signature: _____ Date: _____

OFFICE USE

Date Processed: _____ **Staff** _____