



University of New Haven

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

- 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

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	
Address for the transcript to be mailed 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 : _____	
Number of copies: (Maximum 5)		Request to hold transcript until Degree Awarded is posted: Yes _____	
Signature: (required)			
PLEASE NOTE THAT WE DO NOT FAX OR EMAIL TRANSCRIPTS FIVE IS THE MAXIMUM AMOUNT OF TRANSCRIPTS PER REQUEST			