

REQUEST FOR TRANSCRIPT

Please type or print legibly

Name: _____
Last name Firstname Former/Maiden(if applicable)

Address: _____

Daytime Telephone: _____ Email address: _____

School of Drama department major: _____

Dates of Attendance: _____

Date of Graduation: _____

DELIVERY INFORMATION (Attach additional sheet if necessary)

Name: _____

Organization: _____

Address: _____
number and street city state zipcode

Number of official copies: _____

PAYMENT INFORMATION:

A \$5.00 fee is required for each official transcript. Mail check or money order payable to 'Yale School of Drama'. Transcripts are usually processed and mailed via U.S. first-class mail within 24 hours.

Request for express delivery: __ within U.S. (\$12); __ Canada or Mexico (\$25); _ all other countries (\$45)

Date of expected receipt of payment for transcript(s): _____

SIGNATURE

Your signature: _____ Date: _____
required

Office Use Only: *Date request received:* _____
Date transcript mailed: _____
Amount: Paid/Due: _____