



Student Information	
Name (Last, First, MI):	
Other name(s) used while attending:	
Mailing Address:	
E-mail:	Phone:
UNH ID# (if known):	Date of Birth (required):
Approximate dates of attendance:	
Request Information	
Number and type of transcripts requested: _____ Official _____ Unofficial	Type of degree earned: <input type="checkbox"/> Associate <input type="checkbox"/> CAGS <input type="checkbox"/> Bachelor <input type="checkbox"/> Ph.D. <input type="checkbox"/> Master <input type="checkbox"/> None
Mail transcript(s) to:	
I authorize the University of New Hampshire to release my transcript to the recipient(s) on this form.	
Student Signature:	Date:

Official transcripts will not be released with a hold on account. Financial obligations to the University must be satisfied.

Submit form to: Office of the Registrar, 11 Garrison Ave. Durham, NH 03824
 E-mail transcripts.dept@unh.edu
 Fax 603-862-1817
 Phone 603-862-1587

Registrar Use Only - Date Received: _____ Date Sent: _____ Initials: _____