

# Southern New Hampshire University

## Transcript Request Release

- Your signature on this form entitles Southern New Hampshire University the right to request your transcripts directly from your previous institutions.
- You must complete **a separate form for each institution** attended.
- All fields must be filled out accurately and completely in order for us to receive your official transcripts in a timely manner.
- **Send the completed and signed form by:**  
FAX: 603.645.9693, Email: [transfer@snhu.edu](mailto:transfer@snhu.edu), or mail to the address at the bottom of this form.

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## Information of Institution Attended

Name of Institution Attended: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Month/Year you started: \_\_\_\_/\_\_\_\_ to Month/Year you stopped attending \_\_\_\_/\_\_\_\_

Degree Earned: \_\_\_\_\_

## Student Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name When Attending (if different): \_\_\_\_\_

Student ID# (if known): \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Please send one (1) official transcript for the above student to:

Southern New Hampshire University  
Office of Transfer Admission  
2500 North River Road  
Manchester, NH 03106

## SNHU Payment information: