

Office of the Registrar

2500 North River Road | Manchester, NH 03106-1045 | Phone: 603.668.2211 | Fax: 603.645.9667

Authorization to Release Transcript

I authorize _____ to release an official copy of my academic transcript.
Name of Former School

Student Name: _____
First Middle Last Former Name

Student I Social Security Number: _____ **Date of Birth:** _____

Mail Transcript to:

Southern New Hampshire University

Attention

Street Address

City State Zip

Credit Card Authorization

_____	\$ _____
Cardholder Name	Amount to be charged
_____	_____
Credit Card Number	Expiration Date
_____	_____
Cardholder Signature	Daytime Telephone
_____	_____
Student Signature (required to process request)	Date