

Office of the Registrar

2500 North River Road | Manchester, NH 03106-1045 | Phone: 603.668.2211 | Fax: 603.629.4647

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 _____