

## **Enrollment Support Services**

33 South Commercial Street, Manchester, NH 03101 Fax: 603.314.1486

## **Transcript Request Form**

This form is used by Southern New Hampshire University College of Online and Continuing Education for the sole purpose of requesting transcripts on behalf of our prospective students. The prospective student's signature on this form grants Southern New Hampshire University the right to request transcripts directly from institutions previously attended. If Southern New Hampshire University is unable to obtain transcripts for any reason the prospective student will be responsible for obtaining transcripts.

Please send one (1) official transcript for the fol	llowing student to:	
(Emailed/faxed transcripts cannot be co	nsidered official)	
Secured official electronic transcripts: <u>C</u>	COCEdocs@snhu.edu	
Mail: SNHU Enrollment Support Servic	ces	
33 South Commercial Street		
Manchester, NH 03101-2626		
Information of Institution Attended		
Name of Institution Attended (No Abbreviations	s)	
Campus:		Attended Online? (Yes/No)
City:	State:	Zip Code:
Month/Year you started:to Month	/Year you stopped attending:	Student ID#:
Program of Study:		
Degree Earned:		
Student Information		
(Legal) First Name:		
(Legal) Last Name:		
Previous First Names:	Previous Last Names	:
Date of Birth:		
Current Address:		
City:	State:	Zip Code:
Email:		
Phone Number:		
Student Signature*:		Date:

\*I hereby authorize a faxed or emailed copy of this signature to be used in lieu of the original.

## Student must submit signed form by email to cocedocs@snhu.edu, or mail to:

SNHU Enrollment Support Services - 33 South Commercial Street, Manchester, NH 03101-2626 In order to process this request, all fields must be entered completely and the prospective student must have completed an application for admission to Southern New Hampshire University.