

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 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 the student has 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 following student to:

Secured official electronic transcripts: COCEdocs@snhu.edu (Emailed attachments cannot be considered official) Mail: SNHU Enrollment Support Services 33 South Commercial Street Manchester, NH 03101-2626

## Institution Previously Attended

Name of Institution Attended (No Abbreviat	ions):	
Campus:		
Attended Online? (Yes/No)		
	State:	
Month/Year you started:	to Month/Year you stopped attending:	Student ID#
Program of Study:		
Degree Earned:		
	If yes, which	
Student Information		
(Legal) First Name:	(Legal) Last Name:	
Date of Birth:		
Previous Names (First and Last):		
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 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.