

## Office of Centralized Admission

33 South Commercial Street | Suite 203 | Manchester, NH 03101 | Phone: 866.860.0449 | Fax: 603.314.1486

### Transcript Release 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 SNHU is unable to obtain transcripts for any reason the prospective student will be responsible to obtain transcripts.

**Please send one (1) official transcript for the above student to:  
SNHU Admission Processing- 33 South Commercial St. Suite 203 Manchester, NH 03101-2626**

**Please print clearly:**

#### Information of Institution Attended

Name of Institution Attended: \_\_\_\_\_  
Student ID# \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Month/Year you started: \_\_\_\_ / \_\_\_\_ to Month/Year you stopped attending \_\_\_\_ / \_\_\_\_  
Degree Earned: \_\_\_\_\_

#### Student Information

(Legal) Last Name: \_\_\_\_\_  
(Legal) First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Any previous last names (If applicable) \_\_\_\_\_  
  
Current Address: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone \_\_\_\_\_  
Number: \_\_\_\_\_

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

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

**Submit signed form by Fax to 603-314-1486, or mail to:  
SNHU Admission Processing- 33 South Commercial St. Suite 203 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.