

The Johns Hopkins University School of Medicine

Office of the Registrar

733 North Broadway, Suite 147, Baltimore, MD 21205

Phone: 410-955-3080 Fax: 410-955-0826

Information Request Form

Print Name: _____

Year of Graduation and/or Department: _____

A. Transcript/Certification Letter Request (Fax or Mail to Registrar's Office)

Select from the following: Transcript _____ Certification Letter _____
Student Grade Report _____

Affiliation: M.D. Ph.D. M.A. Year 1/HBJ
Fellow Faculty Other

Mailing Instructions: Call When Ready _____ Phone/Beeper # _____
Email _____
Send via Mail _____ (provide address below)

B. Grade/Comment Review Request (Present form to Registrar's Office in person at time of review)

List grades/comments to be reviewed:

C. Name Change (Fax or Mail to Registrar's Office)

1. New Name: _____
2. Effective date of change: _____
3. Reason for change: _____

Signature

Date

Office Use Only: Student grade report issued at counter: Initials: _____ Date: _____