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## TRANSCRIPT REQUEST FORM

*Please print legibly*

### Instructions:

- There is no charge for a transcript requested through the Office of the Registrar.
- The name and mailing address of the person to whom the transcript is to be sent must be included.
- Official transcripts will not be released to students or graduates.
- Student copies of transcripts will not contain a transcript key.
- Transcript requests can be submitted by fax, mail, email or in person.
- Requests will NOT be processed without signature of student/graduate.
- Transcripts sent by FedEx must be paid by credit card. A staff member will contact you to obtain your credit card number and expiration date; this data will not be retained in office records.

Name at Time of Attendance: \_\_\_\_\_  
Last First

Current Name, if Different: \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ (mm/dd/yyyy) Email Address: \_\_\_\_\_

Year of graduation (graduates): \_\_\_\_\_ -OR- First year of attendance (students): \_\_\_\_\_

Department/Program: \_\_\_\_\_

Transcript Type:	Official Copy	<input type="checkbox"/>	Student Copy	<input type="checkbox"/>				
Check all that apply:	M.D.	<input type="checkbox"/>	Ph.D.	<input type="checkbox"/>	M.A.	<input type="checkbox"/>	Year 1/HBJ	<input type="checkbox"/>
Reason for Request:	M.S.	<input type="checkbox"/>	Certificate	<input type="checkbox"/>	Non-Degree	<input type="checkbox"/>		
	Employment	<input type="checkbox"/>	Scholarship	<input type="checkbox"/>				
	Graduate/Prof. School	<input type="checkbox"/>	Other	<input type="checkbox"/>				

(Indicate reason for transcript request)

Send by FedEx Priority?  Provide phone number for a staff member to call you to obtain the credit card information: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Mail transcript to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(request will NOT be processed without signature of student/graduate)*

Office Use Only: