

School of Medicine  
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**INFORMATION REQUEST FORM**

*Please print legibly*

**Instructions:**

- Check the Information you are requesting.
- Student grade reports cannot be sent via fax; they can be sent by email only to those people with an active JHED account; report will be sent through JHBox, a secure file sharing service offered by JHU.
- Documents sent by FedEx must be accompanied with a prepaid label.

**Print Name:** \_\_\_\_\_  
Last First Date of Birth

**Year of Graduation and/or Department/Program:** \_\_\_\_\_

**Information Request (Fax, Mail, or Email to Registrar's Office)**

<b>Select :</b> Appointment Certification	Jury Duty	Certified Copy of Diploma
Auto Insurance Discount	Student Grade Report	Other
Insurance Certification	Proof of Malpractice Ins.	(Add explanation below)

**Affiliation:** Student/Graduate  Postdoctoral Fellow  
Other \_\_\_\_\_

**Delivery Instructions:** Call for pickup: \_\_\_\_\_  
Email To: \_\_\_\_\_  
Fax To: Name: \_\_\_\_\_ Number: \_\_\_\_\_  
Send by Mail: \_\_\_\_\_ (provide address below)  
Send by FedEx Priority? \_\_\_\_\_ Attach FedEx prepaid label. Requests processed within 5 business days.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Student Course Evaluation Folder (Present form in person at time of review)**

**Name Change (Fax, Mail, or Email to Registrar's Office with appropriate supporting documentation)**

1. **New Name:** \_\_\_\_\_  
Last First Middle

2. **Effective date of change:** \_\_\_\_\_

3. **Reason for change:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Request will NOT be processed without signature)*

**Office Use Only:** Student grade report issued at counter Initials: \_\_\_\_\_ Date: \_\_\_\_\_