Harvard Medical School Office of the Registrar

## REQUEST FORM

25 Shattuck Street Boston, MA 02115 phone: (617) 432-1515

fax: (617) 432-0275

Student Information	Request Info	ormation	
Last Name:	Studen	t?Alumni?	
First/Middle:	Request	t(s)*:	# of Copies
D#: Official Transcript		Transcript	
Class:	Unoffica	Unoffical Copy of Transcript	
Society:	Student	Status Confirmation Letter	
	<u></u>	ty Letter	
Address:		Letter (sent to institution; MD only)	
		nation/Away Elective (MD only)	
		Verification letter	
Email:		GPA letter (master's only)	
Telephone:	Other:		_
Information request purpose/re	pason:		
(In order to help us process your request,			
provide details in the section to the right.			
Choose one:			
PLEAS	E MAIL	PLEASE HOLD FOR P	ICK-UP
_	ete Address of Person/Place	Students are expected to pick-up int	
where information		at the Registrar's Office front desk v ONE WEEK's time.	within
(Attach additional)	pages or address labels, if necessary)	ONE WEEK'S tille.	
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PLEASE NOTE: Transcripts a	nd verification/confirmation letters ma	av take from ONE TO TWO WEEK	S TO
-	of year and volume of requests. We $\Gamma$	-	
Dean's Letters.			
Handwritten			
Signature:		Date:	
		_	
	For Office Use Only:		
	Date Sent		
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