

REQUEST FORM

Student Information	Request Information
Last Name: _____	_____ Student? _____ Alumni?
First/Middle: _____	Request(s)*: # of Copies
ID#: _____	_____ Official Transcript _____
Class: _____	_____ Unofficial Copy of Transcript _____
Society: _____	_____ Student Status Confirmation Letter _____
Address: _____	_____ Jury Duty Letter _____
_____	_____ Dean's Letter (sent to institution; <i>MD only</i>) _____
_____	_____ Confirmation/Away Elective (<i>MD only</i>) _____
_____	_____ Degree Verification letter _____
Email: _____	_____ GPA letter (<i>master's only</i>) _____
Telephone: _____	_____ Other: _____
Information request purpose/reason: _____ (In order to help us process your request, please provide details in the section to the right.) _____	
Choose one: <div><div><input type="checkbox"/> PLEASE MAIL Name and Complete Address of Person/Place where information is to be sent: (Attach additional pages or address labels, if necessary) _____ _____ _____</div><div><input type="checkbox"/> PLEASE HOLD FOR PICK-UP Students are expected to pick-up information at the Registrar's Office front desk within ONE WEEK's time.</div></div>	
PLEASE NOTE: Transcripts and verification/confirmation letters may take from ONE TO TWO WEEKS TO PROCESS , depending on time of year and volume of requests. We DO NOT email or fax transcripts or Dean's Letters.	
Handwritten Signature: _____ Date: _____	
<div>For Office Use Only: _____ Date Sent wpshare\reqform.xls</div>	