Transcript / Verification of Graduation Request Form

I am requesting _____ copy(ies) of the following documents:

___ HSDM Official Transcript* - $3 fee per transcript, per program. At this time, only cash or check are accepted. Make check payable to HSDM and mail to: 188 Longwood Avenue Boston, MA 02115 ATT: Transcript Request

___ Verification of Graduation Letter

___ Form(s) to be completed

Instructions:

__ Will pick-up from Registrar’s office.

__ Mail to: ____________________________________________

                    ____________________________________________

                    ____________________________________________

__ Fax to: ____________________________________________

For the purpose of: ____________________________________________

Print Name: ____________________________________________

Program and Graduation Year: ____________________________________________

Signature: ____________________________ Date: _______________

Email: ____________________________ Phone: ____________________________