



Requests are generally processed within **5 - 7 business days** after being received by Registrar Services; However, during certain times of year, processing may take longer and last minute requests may not be honored.

- ➔ We do not provide electronic transcripts or verifications; email is **not** a delivery option at this time.
- ➔ Completed request forms may be faxed: **617-432-3881** or emailed: registrar_services@hsdm.harvard.edu
- ➔ Transcript requests should be mailed, along with payment. See **Transcript Payment Information**

Please Provide Your Information:

_____ **First Name**

_____ ***Last Name**

_____ **Indicate any other name(s) used while an enrolled student, if applicable (i.e. maiden name, legal name change).*

_____ **Email Address**

_____ **Phone #**

Which program were you enrolled in:

- DMD DMSc MMSc Certificate Only

Indicate certificate track/specialty: _____

Did you complete the program: Yes No

Graduation Date: _____

You are requesting the service(s) below for the purpose of:

SERVICE:		
Official Transcript	Qty: ___ x	\$3.00
Unofficial Transcript	Qty: ___	no fee
Graduation Verification Letter (letter includes enrollment dates and degree and/or certificate awarded)	Qty: ___	no fee
Form(s) To Be Completed (make sure to fill out your part of the form and include it when submitting this request.)	Qty: ___	no fee
DELIVERY OPTIONS:		
	Check at least one option	<i>We do NOT send ANY documents via email.</i>
Fax (faxed transcripts are not considered official)	<input type="checkbox"/>	
Pickup from Registrar Services (you will be notified via email when document(s) is ready)	<input type="checkbox"/>	
Mail via Standard USPS	<input type="checkbox"/>	
Please use this space for special instructions or information:		

Transcript Payment Information

There is a \$3 fee per transcript, per program. Full payment must be received before transcripts will be mailed— *No Exceptions*.
HSDM does not accept credit cards at this time.
 Checks/money orders should be made payable to **HSDM** and mailed to:
HSDM Registrar Services
Attn: Transcript Request
188 Longwood Avenue
Boston, MA 02115

Fax To:

Company/Institution Name _____ Recipient Name _____

Recipient Fax and Phone # _____

Mail To:

Company/Institution Name _____

Recipient Name/ Attention To _____

Address _____

City _____ State _____ ZIP Code _____

Information regarding official transcripts and letters: Registrar Services will not process any requests from students who have an outstanding balance or unfulfilled obligation to the University. Official Transcripts contain coursework attempted by the student, is printed on secure University transcript paper and includes the Registrar's signature and School seal. Transcripts sent directly to alumni/former students will be stamped "Transcript Issued to Student". Depending on the program and years of enrollment, a transcript may not be available; therefore, a special graduation verification letter is available in place of the transcript. Graduation verification letters indicate program, dates of enrollment and degree and/or certificate awarded.

By signing below, I authorize the Harvard School of Dental Medicine to process my request and release my official transcript(s) and/or other requested information to the parties stated above:

X _____
Signature _____ Date _____