UNIVERSITY OF PENNSYLVANIA, SCHOOL OF MEDICINE, REGISTRAR'S OFFICE

TRANSCRIPT/DEAN'S LETTER REQUEST FORM

Printed Name: ___________________________ Signature: ___________________________

Date of Request: ________________ Class/Year of Graduation: __________

☐ Official ☐ Unofficial

☐ Will pick up ☐ Mail to address or addresses provided below

Notify by address, phone, pager or email: __________________________________________

☐ check here to include Dean's Letter

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\textbf{Address #1} \\
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\textbf{Address #4} \\
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\begin{itemize}
\item There is a $3 fee per transcript for \textit{GRADUATES} (no fee required for UPenn SOM students). Checks should be made payable to "Trustees of the University of Pennsylvania".
\item All transcripts will be processed within one week.
\end{itemize}

Return form to: Registrar's Office, Suite 100, Stemmler Hall, 3450 Hamilton Walk, Philadelphia, PA 19104-6087
Questions about form: contact Yvonne Young at 215/898-4876 or email: youngy@mail.med.upenn.edu

Updated 7/30/2009