TRANSCRIPT/DEAN’S LETTER REQUEST FORM

Printed Name: ____________________________  Signature: _______________________________

Date of Request: ______________  Class/Year of Graduation: _________  Due Date ____________

☐ Official  ☐ Unofficial

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

Notify by address, phone or email _____________________________________________________

Address #1

☐ check here to include Dean’s Letter

Address #2

☐ check here to include Dean’s Letter

Address #3

☐ check here to include Dean’s Letter

Address #4

☐ check here to include Dean’s Letter

• There is a $8 fee per transcript for GRADUATES (no fee required for Perelman SOM students). Checks should be made payable to “Trustees of the University of Pennsylvania”.

• All transcripts will be processed within one week.

Return form to: Registrar’s Office, Perelman SOM at the U of Penn, Jordan Medical Education Center, 6th Fl., 3400 Civic Center Blvd., Bldg. 421, Philadelphia, PA 19104-5162
Questions about form: contact Yvonne Young at 215/898-4876/Fax# 215-573-5578 or email: youngy@pennmedicine.upenn.edu

Updated 1/24/2018