

PERELMAN SCHOOL OF MEDICINE AT THE UNIVERSITY OF PENNSYLVANIA
REGISTRAR'S OFFICE

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@penncmedicine.upenn.edu