JOHNS HOPKINS
BLOOMBERG
SCHOOL of PUBLIC HEALTH

Office of Records and Registration

CERTIFIED LETTER REQUEST

To order a certified letter please complete the information below and return it to the Records and Registration Office via mail or fax (410-955-0464).

Please allow 5-7 business days from the date that you send your request for completion.

Student's Name: _____

Last 4 digits of SSN: _____ Phone Number: _____

Degree Program: _____

Department: _____

Email Address: _____

What you want us to Certify *(i.e. verification of prior/current enrollment; degree obtained)*:

_____

_____

_____

_____

Please indicate how you want to receive your letter: **Mail (United States Only):** ☐
Pick-Up at our Office: ☐

Mail the letter to: _____

_____

_____

Your Signature: _____ Date: _____

Protecting Health, Saving Lives—*Millions at a Time*