



## DEGREE VERIFICATION REQUEST

Please complete the top portion of this form and fax to the Office of Records and Registration at (410)955-0464.  
 Please allow 5-7 business days to process.

Today's Date \_\_\_\_\_

**Requestor Information**

Name <input style="width: 90%;" type="text"/>  Company <input style="width: 90%;" type="text"/>  Address <input style="width: 90%;" type="text"/>  City <input style="width: 90%;" type="text"/>	State/Province <input style="width: 90%;" type="text"/>  Zip/Postal Code <input style="width: 90%;" type="text"/>  Country <input style="width: 90%;" type="text"/>  email <input style="width: 90%;" type="text"/>
--	---

Fax number (where verification is to be sent):

**Student Information** *(Indicate student information to be verified)*

Student Name: <input style="width: 95%;" type="text"/>	Last 4 SSN/Student ID: <input style="width: 95%;" type="text"/>
Student Degree: <input style="width: 95%;" type="text"/>	Dates of Attendance/Grad. Date: <input style="width: 95%;" type="text"/>

**Additional information requested**

*Note: additional information requested must be accompanied by an authorization to release information signed by the student*

Please specify:

*Verification (to be completed by JHSPH Records and Registration Office)*

<b>Dates of Attendance</b>	From(Month/Year):	Through (Month/Year):

<b>Degree/Certificate Awarded</b>	<b>Date Awarded</b>

**Verified by (Name and Title)**

Signature:	Date:	Phone: