



HARVARD

School of Dental Medicine

Transcript / Enrollment Verification Request Form

(Requests are generally processed within-in 5-7 business days after receipt)

I am requesting ____ copy(ies) of the following document(s):

____ HSDM *Official* Transcript*

____ HSDM *Unofficial* Transcript

____ Enrollment Verification Letter (letter of good standing)

____ Form(s) to be completed (include details in space below)

Instructions:

____ Will pick-up from Registrar's office.

____ Mail to: _____

____ Fax to: _____

For the purpose of: _____

Print Name: _____ Program: _____

Signature: _____ Date: _____

* Transcripts not mailed directly from HSDM will be stamped "Transcript Issued To Student" *