TRANSCRIPT REQUESTS
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE

***PLEASE RETAIN THIS INFORMATION FOR FUTURE USE TO EXPEDITE YOUR REQUESTS***

1. All transcript requests should be sent to the address listed below. Fax requests can also be accepted but must contain your signature. Our fax number is 410-955-0826. Phone calls and e-mails are not acceptable as we require a signature on file for each transcript sent.

2. You may only receive a student grade report. Official transcripts are only be released to institutional third parties so please be sure to include the complete third party mailing address for any official copies you need sent.

3. There is no charge for transcript requests.

4. There is a five day turnaround time from receipt of your request for your transcript to be processed. All transcripts are mailed first class mail unless prior arrangements, including prepayment of charges, are made for priority mailing.

ADDRESS TO REQUEST TRANSCRIPTS

Registrar’s Office
Attn: Gayle Miller
Johns Hopkins University School of Medicine
733 North Broadway
Room 147, Broadway Research Building
Baltimore, MD 21205

The phone number for Gayle Miller in the Registrar’s Office is 410-614-4885
Fax: 410-955-0826
The Johns Hopkins University School of Medicine

Transcript Request Form

Print Name: ____________________________

Program: Summer Institute in Anatomy

A. Send Official Transcript to:

________________________________________________________________________

B. Send Student Grade Report to:

________________________________________________________________________

* Only grade reports can be sent directly to students.

Signature ____________________________ Date ____________

Return to: Gayle Miller
Johns Hopkins University School of Medicine
733 North Broadway, Suite 147
Baltimore, MD 21205