



DOCUMENT REQUEST FORM *(other than transcripts)*

Instructions for ordering transcripts can be found online at www.temple.edu/registrar

NAME: _____
Last First MI

Name under which you attended, if different from above: _____

DAYTIME PHONE: _____ E-MAIL: _____ TU ID or SSN: _____

ADDRESS: _____

DATES OF ATTENDANCE: _____ thru _____ GRADUATION DATE: _____

INDICATE YOUR REQUEST BY PLACING THE LETTER(S) [A, B, C, D,] BY THE APPROPRIATE BOX

A: Dean's Letter (MSPE)
B: Enrollment Verification

C: Certification of Graduation
D: Certification of Diploma (supply a Xerox copy)

Please provide a complete mailing address in each box below. Enclose additional requests on a separate piece of paper.

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SIGNATURE: _____ DATE: _____

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| <p>Mail Request To: Temple University School of Medicine Office of Student Records 3500 N. Broad St., MERB 328 Philadelphia, PA 19140</p> | <p>Fax Request To: Denise Green (215) 707-2940 Questions? Email: dmg@temple.edu</p> |
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Temple University requests your Social Security Number because federal, state and local law requires the University to report the name, address, and SSN for certain purposes. Temple University will not disclose your SSN without consent unless it is required to do so by law, or as permitted by the University's Social Security Number Usage Policy (http://policies.temple.edu/getdoc.asp?policy_no=04.75.11)