INSTRUCTIONS FOR FILLING OUT THE
TRANSCRIPT – DEAN’S LETTER
REQUEST FORM

Please print out the Transcript – Dean’s Letter Request Form and fill in the appropriate boxes.

DATE OF REQUEST
Enter date you are filling out form.

MATRICULATION DATE
Enter date you started medical school.

DATE OF GRADUATION
Enter date you received your medical degree.

GRADUATE NAME/ADDRESS
Type or print your name and present address.

STUDENT SIGNATURE
Please sign your name – DO NOT TYPE OR PRINT NAME.

SOCIAL SECURITY NUMBER
Enter your Social Security Number.

DATE OF BIRTH
Enter your birth date.

MAIDEN OR OTHER NAME
If name in Graduate Name box is different than the name you received your MD degree under, please type or print Maiden or Other Name.

TELEPHONE NUMBER
Enter your daytime telephone number.

NUMBER OF COPIES
Please check whether you are requesting an OFFICIAL or UNOFFICIAL TRANSCRIPT and/or DEAN’S LETTER. Type or print in the number of copies you are requesting of each.

SEND TRANSCRIPTS TO
Type or print the name and address where you would like the transcript and/or Dean’s Letter to be sent.

SPECIAL INSTRUCTIONS
Type or print any special instructions regarding this request.

Once you have filled out the Transcript – Dean’s Letter Request Form, please mail to the following address:

Registrar, School of Medicine
Virginia Commonwealth University
1201 East Marshall Street
PO Box 980565
Richmond, VA 23298-0565

If you are requesting transcripts, please enclose a check made payable to VCU SCHOOL OF MEDICINE. The fee is $5.00 per transcript (CHECKS ONLY).

Due to the transcript fee requirement, we cannot accept requests for transcripts by telephone, fax or e-mail.
VIRGINIA COMMONWEALTH UNIVERSITY
SCHOOL OF MEDICINE
REGISTRAR'S OFFICE

TRANSCRIPT – DEAN'S LETTER REQUEST FORM
($5.00 Per Transcript)

Date of Request: ________
Matriculation Date: ________
Date of Graduation: ________

GRADUATE
NAME AND ADDRESS: (please print clearly)

[Blank Box]

I authorize the release of my academic records to the individual(s) named in this request.

________________________
Student Signature (do not print) last 4 digits

Social Security Number: XXX-XX-

Date of Birth: ________
Maiden or Other Name: ________
Telephone Number: ________

Number of Copies: (check appropriate boxes and indicate number)

☐ Official NO. □
☐ Unofficial NO. □
☐ Dean's Letter NO. □

SPECIAL INSTRUCTIONS:

[Blank Box]

OFFICE USE ONLY
Information Received By: ____________________ Date Request Picked Up: __________

Date Request Sent: __________