

**YOU MAY GO TO YOUR HIGHEST EARNED DEGREE TO MAKE A
REQUEST OR PRINT AND MAIL THE FORM BELOW**

(Date)

Dear Registrar:

As part of my faculty file, Morehouse School of Medicine requires that an official transcript or certified statement of my _____ (terminal) degree be mailed directly to the Dean's Office at the following address:

**Office of the Dean – Faculty Coordinator
Morehouse School of Medicine
720 Westview Drive, SW
Atlanta, GA 30310-1495**

Full Name during attendance: _____

Date of Birth: _____

Date of Attendance: _____

Graduation Date: _____

Social Security Number: _____-_____-_____

Your timely attention to this matter is appreciated.

Sincerely,