



Office of Records and Registration

DEGREE VERIFICATION REQUEST

Please complete and sign the form below, then upload it to <https://support.sis.jhu.edu/case>. Please allow 5-7 business days for processing.

Today's Date 7/17/23

Requestor Information

| | | | |
|---------|----------------------|-----------------|----------------------|
| Name | <input type="text"/> | State/Province | <input type="text"/> |
| Company | <input type="text"/> | Zip/Postal Code | <input type="text"/> |
| Address | <input type="text"/> | Country | <input type="text"/> |
| City | <input type="text"/> | email | <input type="text"/> |

Fax number (where verification is to be sent):

Student Information (Indicate student information to be verified)

| | | | |
|-----------------|----------------------|---------------------------------|----------------------|
| Student Name: | <input type="text"/> | Last 4 SSN/Student ID: | <input type="text"/> |
| Student Degree: | <input type="text"/> | Dates of Attendance/Grad. Date: | <input type="text"/> |

Additional information requested

Note: additional information requested must be accompanied by an authorization to release information signed by the student

Please specify:

Verification (to be completed by BSPH Records and Registration Office)

| | | |
|----------------------------|----------------------|-----------------------|
| Dates of Attendance | From(Month/Year): | Through (Month/Year): |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | |
|-----------------------------------|----------------------|
| Degree/Certificate Awarded | Date Awarded |
| <input type="text"/> | <input type="text"/> |

Verified by (Name and Title)

| | | |
|----------------------|----------------------|----------------------|
| Signature: | Date: | Phone: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |