

Office of Records and Registration

CERTIFIED LETTER REQUEST

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

tudent Information tudent Name: Email Address:	Hopkins ID	:	
	Hopkins ID	:	
mail Address:		Hopkins ID:	
	Phone Num	ber:	
Degree Program:	Department:		
Certification Information:			
dicate below the information to be certified (i.e. current enrollm	nent, dates of attendance, gpa etc.)). Please note that academic term start and	
d dates are included as part of the standard letter.	ioni, dates of discrimance, spa etc.)	. I rease note that academic term start and	
udent Signature (non-directory information cannot be relea	ased without a signature):	——————————————————————————————————————	
under Signature (non director) information culmot be refer	without a signature).		
Delivery Information			
w do you wish to recieve this letter?			
il to (U.S. Only):	OR		
	Fax letter to:		
	Attention:		