



UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

4301 JONES BRIDGE ROAD
BETHESDA, MARYLAND 20814-4799



MEMORANDUM FOR REGISTRAR'S OFFICE, USUHS

SUBJECT: Information Request

1. Please provide the following information to the address below (check all that apply). You MUST provide a complete name and address of the receiving institution (ITEM #2 below).

- Student transcript (unsigned; for your personal use).
Official transcript (signed/sealed; we will mail it to a third party).
Medical school diploma (call office for further instructions).
My matriculation/graduation dates and degree received.
Letter of recommendation.
Other?

2. Mail this information to:
OR
FAX this information to: () -

(A mailing address is REQUIRED for all documents to be forwarded to a third party, even if FAXing is requested, as the original document will then be mailed.)

3. My identifying information is:

Printed rank, name, service:
Social security #: - - ; Graduation year:
Day time telephone number: () -
E-mail address:
Duty address or home address:

Signature

Date

REGISTRAR'S OFFICE ACTION:

Completed by:
Mailed on: