



Verification Request Form

Office of the Registrar, 100 International Drive 5th Floor, Baltimore, MD 21202

Phone: 410-234-9250 Fax: 410-800-4096

Submit this form through SEAM's online form: <https://support.sis.jhu.edu/case/>

Name: _____
 *Last *First *Middle *Date of Birth

*Name at the time you attended if different from above *Hopkins ID (6 characters) OR last 5 digits of SSN

Email Address: _____ Telephone: _____

Program of Study: _____ Degree: _____

Letters We Can Write:

- ☐ Enrollment for a given semester
Specify semester: _____
- ☐ Degree(s) awarded and date(s)
Specify degree/date: _____
- ☐ Expected degree and date
Specify degree/date: _____
- ☐ Other: _____

Forms you must provide if applicable (please specify semester):

Law School or Pre-Legal Forms: _____
Automobile Insurance Forms: _____
Loan Deferment Forms: _____
Health Insurance Forms: _____
Other: _____

Delivery Method:

Verification letter will be sent electronically as a PDF document within 3-5 business days. Please provide the email address of where you would like the verification letter to be sent.

*Email Address: _____

***Must submit a photocopy of ID (e.g., driver's license, passport) with request for processing.**

***Required information – verification request will not be processed if required fields are not complete and a photocopy of ID and signature/date are missing.**

By signing this request, I authorize The Johns Hopkins University Carey Business School to produce a letter of verification certifying the information requested above.

*Signature: _____ *Date: _____