



ROWAN-VIRTUA
School of
Osteopathic Medicine

Rowan SOM Records Request

After completion, please send this form to: somregistrar@rowan.edu

Student Name (when enrolled): _____ Date: _____

Signature (handwritten or digital only): _____

Current email address: _____ Date of Birth: _____

Banner ID # or last 4 digits of SS#: _____ Year Graduated/last attended: _____

I am requesting a:

_____ Transcript _____ Official _____ Unofficial

_____ Enrollment/Graduation Verification Letter

_____ Additional Diploma

Size: ____ 18x12 (\$25.00)

(Please mail check/money order, with a copy of this form, to The Office of the Registrar.)

Name to appear on additional diploma: _____

Mailing Address for Diploma: _____

- If you are requesting these documents to be emailed to a third party, submission of this form is considered approval of this release. Please provide the email address for submission of your records: _____
- If you would like a *paper* copy of these documents, please provide the mailing address:

- (Optional) Any additional information regarding your request we should know:

Rowan-Virtua School of Osteopathic Medicine,
Office of the Registrar, 40 East Laurel Road, Suite 2105
856-566-7058