



Registrar Document Request & Release Form

Name: _____

Date: _____

DOB: _____

Class of: _____

Document being requested:

	Letter of Academic Standing	This letter is for current students.
Please provide reason for letter: _____		
	Dean's Letter / Med Student Performance Eval (MSPE)	
	Certified Photocopy of Diploma*	This is a notarized photocopy of your diploma *Please Note: Graduates prior to 1997 must provide the diploma photocopy for certification.
	Replacement of Original Diploma**	Please allow 2 – 3 weeks for processing/printing. **Please Note: There is a \$15.00 fee per diploma.
Name must appear <u>exactly</u> as it was on original diploma at the time of graduation: _____		
Date of Graduation: _____		
Transcripts: There is a \$5.00 fee per transcript. There is no charge for CURRENT students.		
	OFFICIAL Transcript	OFFICIAL transcripts cannot be emailed directly to students, but they can be mailed. If you need electronic official transcripts, you must provide direct contact information to either a University, employer or licensing board.
	UNOFFICIAL Transcript	UNOFFICIAL transcripts are printed on plain paper.

I hereby authorize the release of the above info from my medical school records:

_____ **To me, and I will pick it up** in the Student Affairs Office (Photo ID Required)

_____ **Mailed to me at the address or email indicated below** (Please provide full address details)

_____ **To the company or institution at the address or email indicated below:**

Payment Information: _____ Cash _____ Check _____ Money Order _____ VISA _____ MasterCard

Name as it appears on card: _____

Card Number: _____ Expiration Date: _____

CVV: _____ Billing Zip Code: _____ Amount: _____

Signature: _____

Date: _____