DOCUMENT REQUEST FORM

Name: ____________________________________________ Date: ____________________ (mm/dd/yyyy)

Name: __________________________________________________________________________
(Name under which your degree or diploma was awarded if different from above)

Class of: ____________________________

Address: ____________________________________________ Tel: __________________________

Present Position: ____________________________ (specify if Current Student, Alumni, etc.) Email: ____________________________

The following documents are required for:

Residency: ☐ ____________________________ Other: ☐ ____________________________
(specify if Med., Surg., etc.)

Indicate the type of request by placing the letter A, B, C, D, E, F, or G by the appropriate address box:

A: Dean’s Letter / MSPE only  E: Certification of Graduation
B: Transcript only  F: Certification of Diploma (You must provide a copy)
C: Dean’s Letter and Transcript  G: Transcript for student (unofficial)
D: Certification of Attendance  H: Letter of Good Standing

PLEASE PROVIDE A COMPLETE MAILING ADDRESS IN THE BOX BELOW. THIS WILL BE USED AS A MAILING LABEL.

[ ] [ ]

The transcript fee is $5 for each transcript. Your cancelled check is your receipt. Requests for other documents are provided at no charge. Transcript fee waived for current students.

Signature: ____________________________________________

PLEASE SUBMIT BY EMAIL OR IN-PERSON TO THE INFORMATION PROVIDED BELOW

OFFICE USE ONLY

Date: ____________________________ Amount Paid: ____________________________ Receipt #: ____________________________