

DOCUMENT REQUEST FORM

Name: _____ Date: _____
(mm/dd/yyyy)

Name: _____ Class of: _____
(*Name under which your degree or diploma was awarded if different from above)

Address: _____ Tel: _____

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

The following documents are required for:

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

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 <u>only</u> | E: Certification of Graduation |
| B: Transcript <u>only</u> | 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.

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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 #: _____
(mm/dd/yyyy)