



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, or F by the appropriate address box:

A: Dean's Letter / MSPE only

D: Certification of Attendance

B: Transcript only

E: Certification of Graduation

C: Dean's Letter and Transcript

F: Certification of Diploma (**You must provide a copy**)

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

[]		[]	
[]		[]	

The transcript fee is \$10 for each transcript. Your cancelled check is your receipt. Requests for other documents are provided at no charge.

Signature: _____

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

OFFICE USE ONLY

Date: _____ Amount Paid: _____ Receipt #: _____
(mm/dd/yyyy)