

REQUEST FORM

Student Information

Last Name:

First/Middle:

ID#:

Class:

Society:

Address:

(Alumni only)

Telephone

Request Information

Student? Alumni?

Request(s)*: # of Copies

Official Transcript

Unofficial Copy of Transcript

Student Status Confirmation Letter

Loan Deferment

Confirmation of malpractice insurance

Confirmation/Away Elective

Degree Verification letter

Other:

Information request purpose/reason:

(Do not leave blank. Information must be provided or we cannot process your request.)

Choose one:

PLEASE MAIL

Name and Complete Address of Person/Place where information is to be sent:

(Attach additional pages or address labels, if necessary)

PLEASE HOLD FOR PICK-UP

Date to pick-up

Students are expected to pick-up information at the Registrar's Office front desk within ONE WEEK's time.

(Please note if information is NOT picked up within ONE WEEK, we will mail it to your local address.)

PLEASE NOTE: Transcripts and verification/confirmation letters take from ONE TO TWO WEEKS TO PROCESS, depending on time of year and volume of requests. Please submit transcript requests at least TWO WEEKS PRIOR to any application or certification deadlines you may have so that we may better serve you.

Signature:

Date: