



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
B: Transcript only
C: Dean's Letter and Transcript
D: Certification of Attendance
E: Certification of Graduation
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.

Four empty rectangular boxes for mailing addresses, each with a [] label to its left.

The transcript fee is \$4 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)