

## Alumni Request Form

Last Name	First Name	Middle Name
Former/Maiden Name:	Date of Birth	
Year of Graduation	Phone	
e-mail:		

No fee is charged for the following services:

<input type="checkbox"/> MSPE (Formerly known as the Dean's Letter _____ # of copies (MD Alumni only))
<input type="checkbox"/> Certified copy of Diploma: <i>Prior to 1995 you must provide a copy of your diploma.</i> (MD Alumni)
<input type="checkbox"/> Certified copy of Diploma: <i>2016 to present</i> (Nursing Alumni)
<input type="checkbox"/> Verification of Attendance & Graduation Letter <input type="checkbox"/> Needs to be signed by Dean <input type="checkbox"/> Can be signed by Registrar
<input type="checkbox"/> State Licensure Paperwork Instructions:
<input type="checkbox"/> Other
<b>OFFICIAL TRANSCRIPT: Official transcript requests must be submitted through <a href="#">Parchment</a>.</b> <b>**There is a fee charged for official transcripts**</b>

**By signing this form, I authorize the release of my student education record information to the addressee(s) below:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Student Records are not faxed or e-mailed to protect your privacy rights under FERPA.

Recipient 1	Recipient 2	Recipient 3
Name of Recipient	Name of Recipient	Name of Recipient
Address	Address	Address
City, State, Zip	City, State, Zip	City, State, Zip

**PLEASE NOTE:** To ensure timely and accurate processing of your request, please complete all sections of this form. Normal processing time is 2 - 4 business days. Requests are processed in the order they are received. If there is a deadline, every attempt will be made to meet the request. However, our office cannot guarantee that a deadline will be met.