

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
OFFICIAL TRANSCRIPT: Official transcript requests must be submitted through Parchment. **There is a fee charged for official transcripts**

Licensure forms and supporting documents will be submitted in the method required by the state medical board. This may be via email, direct upload, or USPS mail. By providing the forms for our completion, you are authorizing the release of all information requested by the board.

Signature: _____ Date: _____

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.