



## Current Student Request Form

PLEASE NOTE: In order to ensure timely and accurate processing of your request, please complete all sections of this form. Normal processing time is 2 - 4 business days upon receipt of request. Requests are processed in the order of receipt. 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.

Last Name	First Name	Middle Name
PeopleSoft ID:	Phone:	
e-mail:		
Reason for request: _____		

No fee is charged for the following services:

<input type="checkbox"/> Official Transcripts ___# of copies
<input type="checkbox"/> Unofficial Transcript ___# of copies
<input type="checkbox"/> Status Enrollment Verification Letter <input type="checkbox"/> Needs to be signed by Dean <input type="checkbox"/> Can be signed by Registrar
<input type="checkbox"/> Jury Duty Excuse Letter
<input type="checkbox"/> Malpractice Insurance Coverage Verification (MD students only)
<input type="checkbox"/> HIPAA & OSHA Training Verification Letter
<input type="checkbox"/> Other

**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