

New York University School of Medicine, Office of Registration/Student Records, Request for Documents

Name:

Date:

Address:

Class of:

Present Position:

The following documents are required for:

Residency: [] _____
(specify if Med., Surg., etc.)

Other: [] _____
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 of Recommendation only

D: Certification of Attendance

B: Transcript only

E: Certification of Graduation

C: Letter and Transcript

F: Certification of Diploma

Please provide a complete mailing address in the box below. This will be used as a mailing label.

[]

[]

[]

[]

The transcript fee is \$4 for each transcript. Your cancelled check is your receipt.
Requests for other documents are provided at no charge.

Signature _____

For Office Use Only

Date: _____

Amount Paid: _____

Receipt #: _____