



STATE UNIVERSITY OF NEW YORK HEALTH SCIENCE CENTER AT BROOKLYN
 OFFICE OF THE REGISTRAR
 450 CLARKSON AVENUE MSC 98
 BROOKLYN, NEW YORK 11203
 TELEPHONE – (718) 270-4551 FAX - (718) 270-7592
 E-MAIL – REGISTRAR@DOWNSTATE.EDU

REQUEST FORM

(DOCUMENT REQUEST, REQUEST FOR CHANGE OF PERSONAL DATA)

NOT FOR USE BY STUDENTS IN THE SCHOOL OF GRADUATE STUDIES

***** PLEASE COMPLETE ALL THE NECESSARY INFORMATION TO COMPLETE YOUR REQUEST*****

CHECK HERE IF CURRENTLY ENROLLED

NAME: _____ SID _____
 (SSN FOR ALUMNI STUDENTS)

COLLEGE: MEDICINE CHRP NURSING PH
 FILL IN GRAD DATE OR LAST DATE OF ATTENDANCE: ____/____/____

 STUDENT SIGNATURE DATE OF REQUEST TELEPHONE: _____
 E-MAIL: _____

I. DOCUMENT REQUEST (Check all appropriate boxes)

- | | |
|--|---|
| <input type="checkbox"/> ENROLLMENT VERIFICATION | <input type="checkbox"/> OFFICIAL TRANSCRIPT (\$5 Fee) |
| <input type="checkbox"/> GRADUATION CERTIFICATION | <input type="checkbox"/> OFFICIAL TRANSCRIPT FOR VSAS (\$5 Transcript Fee, COM Students only) |
| <input type="checkbox"/> HIPAA CERTIFICATE | <input type="checkbox"/> OFFICIAL TRANSCRIPT FOR ERAS (\$5 Transcript Fee, COM Students only) |
| <input type="checkbox"/> MSPE (DEAN'S LETTER) | <input type="checkbox"/> LICENSURE FORM (\$15 Licensure Fee includes official transcript) |
| [Sent directly to Residency/Fellowship Program] | <input type="checkbox"/> STUDENT COPY OF TRANSCRIPT (\$5 Fee unless a current student) |
| <input type="checkbox"/> LETTER OF GOOD STANDING (Off-Campus Elective) | <input type="checkbox"/> BLS CARD |
| <input type="checkbox"/> OTHER _____ | |

MAIL DOCUMENT TO:

CHECK THIS BOX IF YOU WILL PICK UP DOCUMENT FROM REGISTRAR

II. CHANGE OF ADDRESS AND/OR TELEPHONE NUMBER

EFFECTIVE DATE OF CHANGE: ____/____/____

LOCAL MAILING ADDRESS LOCAL MAILING TEL NUMBER PERMANENT ADDRESS PERMANENT TEL NUMBER

(ID MUST BE PRESENTED BEFORE CHANGE WILL BE MADE)

NEW ADDRESS: _____

STREET

NEW

TELEPHONE: (____) _____

CITY STATE ZIP CODE

AREA CODE NUMBER

III. CHANGE OF NAME OR SOCIAL SECURITY NUMBER

EFFECTIVE DATE OF CHANGE: ____/____/____

NEW NAME: _____ NEW SOC SEC NUMBER: _____

LAST

FIRST

MIDDLE

REASON FOR CHANGE: _____

____/____/____
 TODAY'S DATE



This is a fillable PDF. You can fax the form to the Bursar's Office at (718) 270-4501.

I am paying for:

Option 1: CHECK ALL THAT APPLY

- Transcript(s)
- Licensure
- Duplicate diploma
- Commencement fee
- Postage for document mailing
- International Visiting Student/GHLO Application Fee

Total \$ _____

OR

Option 2: Past due balance on my account \$ _____

OR

Option 3: Other _____ \$ _____

Please check your option(s), complete the information requested below, and fax the form to (718) 270-4501. Please do not omit any information. This will only delay the processing of your transaction.

Student Name (please print)

Student Signature

Student ID Number

If Alumni, last 4 digits SS#

Credit Card Information

Type of Card (check one): Discover Master Card Visa

Card Number: _____

3-Digit Security Code: _____ *Last three digits located on the back of your card*

Cardholder's Zip Code: _____

Expiration Date: _____ *(mm/yyyy)*

Amount Authorized: \$ _____ *Must agree with the amount(s) listed above*

Contact Number: (____) _____

Cardholder's Name (please print)

Cardholder's Signature