



Document Request Form

Please complete one form per request. Attach any forms or letters you may have received that will aid us in fulfilling your request. You may submit this form to the Registrar's Office by Email: registrar@med.cornell.edu or fax: (212) 746-5981. Please allow 7-10 business days for processing.

Name: (PRINT) Last, First MI DOB (MM/DD/YEAR)

Name While Attending (if applicable):

Date of Graduation (if applicable): Degree: Ph.D. MS MD/Ph.D Certificate Non-Degree Graduate

Current Mailing Address:

Phone Number: Lab Phone (if current student)

Email Address:

1. Request Type:

- Official Transcript\* (# of copies: ) Unofficial Transcript (# of copies: )
Loan Deferment (attach form) Other (please attached document)
Formal Letter: Degree Verification Enrollment Verification

Verification Letters are formal letters and will not be completed without the name and complete address of the third-party end recipient.

2. Name and Address of Third-Party Recipient (Attach sheet for multiple requests)

Three blank lines for recipient name and address.

3. Hold for Pickup\* Mail to Recipient Fax #

\*Please note that official transcripts or documents that require an official school seal cannot be emailed or faxed.

4. Special Instructions:

Dashed box for special instructions.

By completing and signing this form I agree to release my academic information to the above recipient(s).

Signature

Date