

State University of New York Health Science Center at Brooklyn **Document Request Form - School of Graduate Studies ONLY**

Basic Sciences Building, Room 3-114

Do not use this form for College of Medicine*, College of Nursing, College of Health Related Professions or School of Public Health- for all schools but SGS, refer to the forms on this page: http://sls.downstate.edu/registrar/forms.html

Official transcripts cannot be issued to students, ex-students or alumni

A \$10 transcript fee is required, plus international postage†, if applicable. Checks payable to "SUNY" and sent to: School of Graduate Studies, 450 Clarkson Avenue, MSC 41, Brooklyn, NY 11203.

□ Official Transcript

☐ Student copy of transcript (no charge)☐ Graduation Certification (for students who ha	☐ Enrollment verification ve completed the degree program		
This form is not to be used to verify degrees. enrollment and all degree verifications. Alum	. SUNY Downstate has author	rized the National Student Clearinghouse to	
interested parties to contact the National Stud			
	ational Student Clearinghou		
	00 Dulles Station Boulevan	rd, Suite 300	
	erndon, VA 20171		
WY	ww.degreeverify.org		
Return this form, and any required payment, Brooklyn, NY 11203 - Do a		– fax: 718-270-3378, 450 Clarkson Avenue, l gistrar's Office or Student Affairs.	MSC 41,
Name:	ID#		
Graduation Date or last date of attendance: Month			
Student Signature	Date of	of Request	
Current address:		Phone #:	
		Email:	
Mail Document(s) to: Check this	box if you will pick up the docume	ent(s) from the Graduate School	
FOR GRADUATE OFFICE USE ONLY: Doc	cument Processed/	/ Staff initials	
*Except MD/PhD to verify both degrees			

†International transcripts are sent USPS Priority Mail unless another method is requested. Please call the Graduate Office to check current rate.