



STATE UNIVERSITY OF NEW YORK HEALTH SCIENCE CENTER AT BROOKLYN

OFFICE OF THE REGISTRAR

BASIC SCIENCE BUILDING 1-112 Box 98

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REQUEST FORM

(DOCUMENT REQUEST, REQUEST FOR CHANGE OF PERSONAL DATA)

***NOT FOR USE BY STUDENTS IN THE SCHOOL OF GRADUATE STUDIES**

CHECK HERE IF CURRENTLY ENROLLED

NAME: _____ ID # _____ Box #: _____

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

STUDENT SIGNATURE _____ TELEPHONE: _____
DATE OF REQUEST _____

I. DOCUMENT REQUEST *(Check all appropriate boxes)*

ENROLLMENT VERIFICATION

OFFICIAL TRANSCRIPT (\$5 Transcript Fee)

GRADUATION CERTIFICATION

OFFICIAL TRANSCRIPT FOR VSAS (\$5 Transcript Fee)

LICENSURE FORM (\$15 Licensure Fee)

STUDENT COPY OF TRANSCRIPT

HIPAA CERTIFICATE

LETTER OF GOOD STANDING FOR OFF-CAMPUS ELECTIVE

DEAN'S LETTER

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

NEW ADDRESS: _____
STREET
CITY STATE ZIP CODE
NEW TELEPHONE: (____) _____
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: _____

DOCUMENTATION: _____ SEEN BY: _____

REGISTRAR STAFF INITIALS

FOR OFFICE OF THE REGISTRAR USE ONLY

DOCUMENT PROCESSED ____/____/____ CHANGE ENTERED ON DATABASE ____/____/____ STAFF INITIALS _____