



THE STATE UNIVERSITY OF NEW YORK DOWNSTATE HEALTH SCIENCES UNIVERSITY  
 STUDENT SERVICES CENTER  
 OFFICE OF THE REGISTRAR  
 450 CLARKSON AVENUE MSC 98 BROOKLYN, NEW YORK 11203  
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**BURSAR PAYMENT ONLINE - [Downstate E-Market](#) and then Current Students/Alumni for online payments**

**DOCUMENT 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 \*\*\***

FULL NAME: _____ (AT TIME OF ATTENDANCE) COLLEGE: <input type="checkbox"/> MEDICINE <input type="checkbox"/> SOHP (FORMERLY CHRP) <input type="checkbox"/> NURSING <input type="checkbox"/> PH COM CLASS YEAR _____ _____ STUDENT SIGNATURE	<input type="checkbox"/> CHECK HERE IF CURRENTLY ENROLLED	SID _____ FILL IN GRAD DATE OR LAST DATE OF ATTENDANCE: ____/____/____ TELEPHONE: _____ DATE OF REQUEST _____ EMAIL ADDRESS: _____
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**I. DOCUMENT REQUEST (Check all appropriate boxes)**

- |  |   |
|--|---|
| <input type="checkbox"/> OFFICIAL ERAS TRANSCRIPT (CURRENT MD STUDENTS - Free)<br><input type="checkbox"/> OFFICIAL ERAS TRANSCRIPT (ALUMNI MD STUDENTS - Free)<br><input type="checkbox"/> OFFICIAL TRANSCRIPT FOR VSLO (VSAS/GHLO)<br>(NEW AS OF JULY 2019 - Free)<br><input type="checkbox"/> LETTER OF GOOD STANDING<br>MAILING ADDRESS REQUIRED | <input type="checkbox"/> ENROLLMENT VERIFICATION<br><input type="checkbox"/> GRADUATION CERTIFICATION<br><input type="checkbox"/> MSPE (DEAN'S LETTER)<br><input type="checkbox"/> LETTER OF GOOD STANDING (Off-Campus Elective/VSLO/VAS)<br><input type="checkbox"/> HIPAA CERTIFICATE<br><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  
 CURRENT STUDENT**

EFFECTIVE DATE OF CHANGE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PROOF OF RESIDENCE REQUIRED FOR PERMANENT ADDRESS 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  
 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: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_