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
TELEPHONE: (718) 270-4551   FAX: (718) 270-7592 EMAIL: REGISTRAR@DOWNSTATE.EDU

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 ***

☐ CHECK HERE IF CURRENTLY ENROLLED

FULL NAME: _____   SID _____
(AT TIME OF ATTENDANCE)

COLLEGE: ☐ MEDICINE   ☐ SOHP (FORMERLY CHRP)   ☐ NURSING   ☐ PH   FILL IN GRAD **DATE OR** LAST DATE OF ATTENDANCE: _____/_____

COM CLASS YEAR _____

_____   _____   TELEPHONE: _____
STUDENT SIGNATURE   DATE OF REQUEST

EMAIL ADDRESS: _____

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

☐ OFFICIAL TRANSCRIPT (*NEW* AS OF AUGUST 2019 - Free)   ☐ ENROLLMENT VERIFICATION
☐ STUDENT COPY OF TRANSCRIPT (*NEW* AS OF AUGUST 2019 - Free)   ☐ GRADUATION CERTIFICATION
☐ LICENSURE (Submit Licensure Form with $15 Fee   ☐ MSPE (DEAN'S LETTER)
    includes transcript)
☐ OFFICIAL TRANSCRIPT FOR VSLO (VSAS/GHLO)   ☐ LETTER OF GOOD STANDING (Off-Campus Elective/VSLO/VSAS)
    (*NEW* AS OF JULY 2019 - Free)   ☐ HIPAA CERTIFICATE
☐ LETTER OF GOOD STANDING   ☐ OTHER _____
    MAILING ADDRESS REQUIRED

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: _____/_____/_____
        CURRENT STUDENT   **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   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