



STATE UNIVERSITY OF NEW YORK HEALTH SCIENCE CENTER AT BROOKLYN
STUDENT SERVICES CENTER
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VSLO DOCUMENT REQUEST FORM ONLY

PROCESSING TIME IS 3-5 BUSINESS DAYS

*** PLEASE COMPLETE ALL THE NECESSARY INFORMATION TO COMPLETE YOUR REQUEST ***

FULL NAME: _____	SID _____
COM CLASS YEAR _____	GRAD DATE: _____ / _____
TELEPHONE: _____	EMAIL: _____
STUDENT SIGNATURE _____	DATE OF REQUEST _____

I. VSLO DOCUMENT REQUEST ONLY (Check all appropriate boxes)

OFFICIAL TRANSCRIPT

COPY OF MALPRACTICE CERTIFICATE

*MUST PROVIDE THE NAME OF THE INSTITUTION YOU'RE SENDING TO

LETTER OF GOOD STANDING

*MUST PROVIDE THE NAME OF THE INSTITUTION YOU'RE SENDING TO

REISSUE VSLO INVITE

HOME SCHOOL EVALUATION FORM

LETTER OF RECOMMENDATION

*LETTER WRITER SEND TO: SANDRA.MINGO@DOWNSTATE.EDU

ADDITIONAL COMMENTS:

CHECK THIS BOX IF YOU WILL PICK UP DOCUMENT/S FROM REGISTRAR
