



STATE UNIVERSITY OF NEW YORK HEALTH SCIENCE CENTER AT BROOKLYN
STUDENT SERVICES CENTER
OFFICE OF THE REGISTRAR
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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
