



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

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****

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

I. DOCUMENT REQUEST (Check all appropriate boxes)

- OFFICIAL ERAS TRANSCRIPT (CURRENT MD STUDENTS - Free)
 - OFFICIAL ERAS TRANSCRIPT (ALUMNI MD STUDENTS - Free)
 - OFFICIAL TRANSCRIPT FOR VSLO (VSAS/GHLO - FREE)
- [All other transcript request must be made online, click link](#)

- ENROLLMENT VERIFICATION
- GRADUATION CERTIFICATION
- [MSPE \(DEAN'S LETTER\), CLICK LINK](#)
- LETTER OF GOOD STANDING

LETTER OF GOOD STANDING (Off-Campus Elective/VSL0/VAS)

MAIL OR EMAIL 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

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: _____

First Middle Last

NEW SOC SEC NUMBER: _____

REASON FOR CHANGE: _____

TODAY'S DATE: ____/____/____