EINSTEIN

Albert Einstein College of Medicine

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Document Request Form (MD)

Pursuant to the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. 1231g ("FERPA"), Albert Einstein College of Medicine (Einstein) may not release this information without written consent of the student, subject to the exceptions specified under FERPA. This form provides that consent. For more information see Einstein's FERPA Policy, OGC-POL-2018-006.

- Official document(s) cannot be faxed or emailed to the individual or a third party.
- Request form may be faxed or emailed to the Registrar's Office. We cannot accept phone requests.
- Please allow 10 to 14 days to process.

Name: _____ Banner ID _____
        Last   First   M.I.

Year of Graduation: _____ Date of Birth: _____ Are you on a Student Visa? ☐ Yes ☐ No

Previous Name: _____ Date of Birth _____

Mailing Address: _____

Email: _____

I authorize Albert Einstein College of Medicine to release the document(s) as indicated below.

_____   _____
            Signature   **Date**

Reason for this request:
Scholarship ☐   ERAS ☐
Employment/Interview ☐   Other _____

Document(s) requesting:
Transcript – Student Copy ☐
Official Transcript: ☐ As currently recorded ☐ After degree is recorded
Enrollment Verification (third-party mailing address required) ☐
Letter of Good Standing (third-party mailing address required) ☐
Attached forms to be completed by Registrar ☐
Official MSPE/Dean's Letter (WILL NOT be released to any current or former student) ☐
Certified copy of diploma (must provide copy) ☐

Release of document(s):
Will pick up with photo ID (Pick-up must be approved by the Office of the Registrar): ☐
Mail to the mailing address listed above (documents will be in a sealed envelope): ☐
Mail to Organization/Institution listed below (attach additional pages if needed): ☐
Email to Organization/Institution listed below (documents cannot be emailed to student directly): ☐

Organization/Institution: _____

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