



*Please print all information neatly and clearly.*

Name: \_\_\_\_\_

Social Security # \_\_\_\_\_  
 or Student ID #: \_\_\_\_\_

Former name(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Student's current contact information:

e-mail: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Student's signature

**COLLEGE:** \_\_\_\_\_ Class Year: \_\_\_\_\_ Dates of attendance \_\_\_\_\_ through \_\_\_\_\_

Medicine  Nursing  Graduate Studies

Health Professions: (Name of Program) \_\_\_\_\_

**DOCUMENT(S) NEEDED:**  OFFICIAL Transcript  UNOFFICIAL Transcript  Certification letter

Licensure  Deferment  Dean's Letter  Away Elective Application

Other: \_\_\_\_\_

**Please note that it is the policy of SUNY Upstate Medical University to require that all official transcripts be made out to a specific institution or agency.** An official transcript may be mailed to a student in a sealed envelope when required, but the name and address of an institution or agency who will be the final recipient must be provided in the request for a transcript. SEE BELOW

**MAKE CHECKS PAYABLE TO: SUNY UPSTATE MEDICAL UNIVERSITY**

Fees: Licensures & Transcripts / \$5.00 each (no fee for certification letters)

Date Received/Initials: \_\_\_\_\_ Transcripts @ \$5.00 each \_\_\_\_\_

\_\_\_\_\_ Licensures @ \$5.00 each \_\_\_\_\_

Request processed/mailed: \_\_\_\_\_ Total Fees To Be Paid: \_\_\_\_\_



**MAILING INSTRUCTIONS:**

Mail out immediately  Will pick up  Hold for \_\_\_\_\_ semester grades  Hold for \_\_\_\_\_ period grades  Hold until degree is posted

Please print or type all text with each component of the address on a separate line and within the left and right margins. The bottom of this form will be used as a mailer in a window envelope so it is imperative that the complete address shows through the window. Please see the US Postal Service website for proper addressing formats:  
<http://www.usps.com/send/preparemailandpackages/labelsandaddressing/usingthecorrectaddress.htm>

**MAIL REQUEST TO:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The MAIL REQUEST TO info should be filled in fully with the name and address of the institution or agency that will be the final recipient of an official transcript. If you need to receive the official transcript in a sealed envelope to submit with other materials you may list the address that the sealed transcript should be mailed to below. If the address is the same as the one you have provided above you may check:  
 "To myself as above".

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