



STATE UNIVERSITY OF NEW YORK HEALTH SCIENCE CENTER AT BROOKLYN
 STUDENT SERVICES CENTER
 OFFICE OF THE REGISTRAR
 450 CLARKSON AVENUE MSC 98
 BROOKLYN, NEW YORK 11203
 TELEPHONE – (718) 270-4551 FAX - (718) 270-7592

DOCUMENT REQUEST FORM

(DOCUMENT REQUEST, REQUEST FOR CHANGE OF PERSONAL DATA)

****NOT FOR USE BY STUDENTS IN THE SCHOOL OF GRADUATE STUDIES****

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

CHECK HERE IF CURRENTLY ENROLLED

NAME: _____ SID _____
 (SSN FOR ALUMNI STUDENTS)

COLLEGE: MEDICINE CHRP NURSING PH
 FILL IN GRAD DATE OR LAST DATE OF ATTENDANCE: ____/____/____

STUDENT SIGNATURE _____ TELEPHONE: _____
 DATE OF REQUEST _____ EMAIL ADDRESS: _____

I. DOCUMENT REQUEST (Check all appropriate boxes)

- OFFICIAL TRANSCRIPT (\$5 Fee)
- STUDENT COPY OF TRANSCRIPT (Free if current student)
- LICENSURE (Submit Licensure Form with \$15 Fee includes transcript)
- OFFICIAL TRANSCRIPT FOR VSLO (VSAS/GHLO) (\$5 Transcript Fee, COM Students only)
- LETTER OF RECOMMENDATION FOR VSLO (GHLO) (FOUNDATION 1 STUDENTS ONLY) MAILING ADDRESS REQUIRED
- ENROLLMENT VERIFICATION
- GRADUATION CERTIFICATION
- MSPE (DEAN'S LETTER)
- LETTER OF GOOD STANDING (Off-Campus Elective)
- HIPAA CERTIFICATE
- OTHER _____

MAIL 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

- LOCAL MAILING ADDRESS LOCAL MAILING TEL NUMBER 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: _____
 LAST FIRST MIDDLE
- NEW SOC SEC NUMBER: _____

REASON FOR CHANGE: _____

____/____/____
 TODAY'S DATE

To make a payment please complete the Bursar's **payment option form, [click link](#).**

You may submit this form for processing via **"Fax" only. Please find our contact information listed below:**

Tel: (718)-270-3048

Fax: (718)-270-4501



I am paying for:

Option 1: CHECK ALL THAT APPLY

- Transcript(s)
- Licensure
- Duplicate diploma
- Commencement fee
- Postage for document mailing
- International Visiting Student/GHLO Application Fee

Total \$ _____

OR

Option 2: Past due balance on my account \$ _____

OR

Option 3: Other _____ \$ _____

Please check your option(s), complete the information requested below, and fax the form to (718) 270-4501. Please do not omit any information. This will only delay the processing of your transaction.

Student Name (please print)

Student Signature

Student ID Number

If Alumni, last 4 digits SS#

Credit Card Information

Type of Card (check one): Discover Master Card Visa

Card Number: _____

3-Digit Security Code: _____ *Last three digits located on the back of your card*

Cardholder's Zip Code: _____

Expiration Date: _____ *(mm/yyyy)*

Amount Authorized: \$ _____ *Must agree with the amount(s) listed above*

Contact Number: (____) _____

Cardholder's Name (please print)

Cardholder's Signature