STATE UNIVERSITY OF NEW YORK HEALTH SCIENCE CENTER AT BROOKLYN
OFFICE OF THE REGISTRAR
BASIC SCIENCE BUILDING 1-112 BOX 98
TELEPHONE – (718) 270-4551 FAX - (718) 270-7592

REQUEST FORM

(DOCUMENT REQUEST, REQUEST FOR CHANGE OF PERSONAL DATA)

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

CHECK HERE IF CURRENTLY ENROLLED

NAME: _____ ID # _____ BOX #: _____

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

_____ _____ TELEPHONE: _____
STUDENT SIGNATURE DATE OF REQUEST

I. DOCUMENT REQUEST *(Check all appropriate boxes)*

ENROLLMENT VERIFICATION
GRADUATION CERTIFICATION
LICENSURE FORM ($15 Licensure Fee)
HIPAA CERTIFICATE
DEAN'S LETTER
OFFICIAL TRANSCRIPT ($5 Transcript Fee)
OFFICIAL TRANSCRIPT FOR VSAS ($5 Transcript Fee)
STUDENT COPY OF TRANSCRIPT
LETTER OF GOOD STANDING FOR OFF-CAMPUS ELECTIVE
OTHER _____

MAIL DOCUMENT TO: CHECK THIS BOX IF YOU WILL PICK UP DOCUMENT FROM REGISTRAR

_____

_____

_____

II. CHANGE OF ADDRESS AND/OR TELEPHONE NUMBER EFFECTIVE DATE OF CHANGE: _____/_____/_____

LOCAL MAILING ADDRESS LOCAL MAILING TEL NUMBER PERMANENT ADDRESS
PERMANENT TEL NUMBER

NEW ADDRESS: _____
STREET

_____ NEW TELEPHONE: (_____)_____
CITY STATE ZIP CODE AREA CODE NUMBER

III. CHANGE OF NAME OR SOCIAL SECURITY NUMBER EFFECTIVE DATE OF CHANGE: _____/_____/_____

NEW NAME: _____ NEW SOC SEC NUMBER: _____
LAST FIRST MIDDLE

_____/_____/_____

REASON FOR CHANGE: _____

DOCUMENTATION: _____ SEEN BY: _____
REGISTRAR STAFF INITIALS

FOR OFFICE OF THE REGISTRAR USE ONLY
DOCUMENT PROCESSED _____/_____/_____ **CHANGE ENTERED ON DATABASE** _____/_____/_____ **STAFF INITIALS** _____