



STATE UNIVERSITY OF NEW YORK HEALTH SCIENCE CENTER AT BROOKLYN

OFFICE OF THE REGISTRAR

450 CLARKSON AVENUE MSC 98

BROOKLYN, NEW YORK 11203

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

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

Form containing fields for Name, SID, College, Grad Date, Telephone, and E-mail, with a checkbox for 'CHECK HERE IF CURRENTLY ENROLLED'.

I. DOCUMENT REQUEST (Check all appropriate boxes)

- List of document request options: Enrollment Verification, Graduation Certification, HIPAA Certificate, MSPE (Dean's Letter), Official Transcript (\$5 Fee), Official Transcript for VSAS (\$5 Transcript Fee, COM Students only), Licensure Form (\$15 Licensure Fee includes official transcript), Student Copy of Transcript (Free if current student, otherwise \$5), BLS Card, Letter of Good Standing (Off-Campus Elective), and Other.

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

II. CHANGE OF ADDRESS AND/OR TELEPHONE NUMBER

EFFECTIVE DATE OF CHANGE: ___/___/___

[checkbox] LOCAL MAILING ADDRESS [checkbox] LOCAL MAILING TEL NUMBER [checkbox] PERMANENT ADDRESS [checkbox] PERMANENT TEL NUMBER (ID MUST BE PRESENTED BEFORE CHANGE WILL BE MADE)

Form for new address and telephone number, including fields for Street, City, State, Zip Code, Area Code, and Number.

III. CHANGE OF NAME OR SOCIAL SECURITY NUMBER

EFFECTIVE DATE OF CHANGE: ___/___/___

[checkbox] NEW NAME: LAST FIRST MIDDLE [checkbox] NEW SOC SEC NUMBER: _____

REASON FOR CHANGE: _____ TODAY'S DATE: ___/___/___

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