



STATE UNIVERSITY OF NEW YORK HEALTH SCIENCE CENTER AT BROOKLYN
 OFFICE OF THE REGISTRAR
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 BROOKLYN, NEW YORK 11203
 TELEPHONE – (718) 270-4551 FAX - (718) 270-7592
 E-MAIL – REGISTRAR@DOWNSTATE.EDU

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 DATE OF REQUEST TELEPHONE: _____
 E-MAIL: _____

I. DOCUMENT REQUEST (Check all appropriate boxes)

- | | |
|--|---|
| <input type="checkbox"/> ENROLLMENT VERIFICATION | <input type="checkbox"/> OFFICIAL TRANSCRIPT (\$5 Fee) |
| <input type="checkbox"/> GRADUATION CERTIFICATION | <input type="checkbox"/> OFFICIAL TRANSCRIPT FOR VSAS (\$5 Transcript Fee, COM Students only) |
| <input type="checkbox"/> HIPAA CERTIFICATE | <input type="checkbox"/> OFFICIAL TRANSCRIPT FOR ERAS (\$5 Transcript Fee, COM Students only) |
| <input type="checkbox"/> MSPE (DEAN'S LETTER) | <input type="checkbox"/> LICENSURE FORM (\$15 Licensure Fee includes official transcript) |
| [Sent directly to Residency/Fellowship Program] | <input type="checkbox"/> STUDENT COPY OF TRANSCRIPT (\$5 Fee unless a current student) |
| <input type="checkbox"/> LETTER OF GOOD STANDING (Off-Campus Elective) | <input type="checkbox"/> BLS CARD |
| <input type="checkbox"/> 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

(ID MUST BE PRESENTED BEFORE CHANGE WILL BE MADE)

NEW ADDRESS: _____ NEW
 STREET 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: _____ TODAY'S DATE ____/____/____

**To make a payment please
contact the Bursar Office at:**

Tel: 718-270-3048

Tel: 718-270-1138

Email: bursar@downstate.edu

**or you can fax your payment
by using the Bursar's payment
option form, [click link](#).**