



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 EMAIL: [REGISTRAR@DOWNSTATE.EDU](mailto:REGISTRAR@DOWNSTATE.EDU)**

**BURSAR PAYMENT ONLINE - [Downstate E-Market](#) and then Current Students/Alumni for online payments**

**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 \*\*\***

<input type="checkbox"/> CHECK HERE IF CURRENTLY ENROLLED	
NAME: _____	SID _____ (SSN FOR ALUMNI STUDENTS)
COLLEGE: <input type="checkbox"/> MEDICINE <input type="checkbox"/> CHRP <input type="checkbox"/> NURSING <input type="checkbox"/> PH	FILL IN GRAD DATE OR LAST DATE OF ATTENDANCE: ____/____/____
STUDENT SIGNATURE _____	DATE OF REQUEST _____ TELEPHONE: _____ EMAIL ADDRESS: _____

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

- |   |  |
|---|--|
| <input type="checkbox"/> OFFICIAL TRANSCRIPT (\$5 Fee)<br><input type="checkbox"/> STUDENT COPY OF TRANSCRIPT (Free if current student)<br><input type="checkbox"/> LICENSURE (Submit Licensure Form with \$15 Fee includes transcript)<br><input type="checkbox"/> OFFICIAL TRANSCRIPT FOR VSLO (VSAS/GHLO) (\$5 Transcript Fee, COM Students only)<br><input type="checkbox"/> LETTER OF RECOMMENDATION FOR VSLO (GHLO) (FOUNDATION 1 STUDENTS ONLY) MAILING ADDRESS REQUIRED | <input type="checkbox"/> ENROLLMENT VERIFICATION<br><input type="checkbox"/> GRADUATION CERTIFICATION<br><input type="checkbox"/> MSPE (DEAN'S LETTER)<br><input type="checkbox"/> LETTER OF GOOD STANDING (Off-Campus Elective)<br><input type="checkbox"/> HIPAA CERTIFICATE<br><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 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	NEW TELEPHONE: (____) _____	AREA CODE	NUMBER
CITY	STATE	ZIP CODE	

**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: \_\_\_\_/\_\_\_\_/\_\_\_\_