

Registrar's Office

Current Student Release/Information Request Form

STUDENT INFORMATION

Name: _____ / _____ / _____ Class of: _____
Last First MI

Former Name: _____

Student ID Number: _____ Official UCD E-mail: _____

Date of Request: _____ Phone #: _____ - _____ - _____

I certify that I am the above-named person and the information I am providing is accurate.

Student Signature: _____ Date: _____

EDUCATION RECORDS TO BE RELEASED

- | | | |
|---|---------------------------|------------------------|
| Away Application | HIPAA | Jury Duty Letter |
| Immunization Records | Unofficial Transcripts | Other (explain below) |
| Good Standing/Enrollment Letter
w/ grading explanation | Replacement Badge/Cardkey | Doc 2 Certif. Addendum |
- "Clerkship Letter" – includes: Good Standing, HIPAA, Malpractice Information, up-to-date immunizations)
w/ USMLE pass/fail

Comments/Explanations: _____

Email me when ready for pick-up Email to me as a PDF Send directly to (provide information below)

- Name: _____
Institution: _____
Address: _____
City/State/Zip: _____
Fax or Email: _____
- Name: _____
Institution: _____
Address: _____
City/State/Zip: _____
Fax or Email: _____

<p>Office Use Only</p> <p>Request processed and record(s) sent:</p> <p>By: _____ Date: _____ Notes: _____</p>
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