

## Transcript/Certification Letter Request Form

Pursuant to the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. 1231g (“FERPA”), Albert Einstein College of Medicine may not release this information without written consent of the student, subject to the exceptions specified under FERPA. This form provides that consent. For more information see Einstein’s [FERPA Policy, OGC-POL-2018-006](#).

<p>Submit completed and signed form to the Graduate Office: Email: <a href="mailto:gradregistrar@einsteinmed.edu">gradregistrar@einsteinmed.edu</a>   Fax: (718) 430-8655 Mail: Einstein Graduate Programs in the Biomedical Sciences Albert Einstein College of Medicine 1300 Morris Park Avenue, Belfer Bldg., Room 202 Bronx, NY 10461 Enrollment Certificate: you may request an enrollment certificate via the National Student Clearinghouse: <a href="https://auth.myhub.org/stauth/samlfed/einsteinmedidp">https://auth.myhub.org/stauth/samlfed/einsteinmedidp</a></p>	<p><u>Note:</u> Former students who attended prior to March 1, 2019, must submit document request to Yeshiva University (<a href="mailto:resnickregistrar@yu.edu">resnickregistrar@yu.edu</a>   Tel: (646) 592-4515). For transcripts: <a href="http://www.yu.edu/transcript">http://www.yu.edu/transcript</a>   Degree verification: <a href="http://www.degreeverify.org">www.degreeverify.org</a></p>
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Name: _____	Banner ID: _____
Program: _____	Term of Entry: _____ <i>(e.g. Fall 2019)</i>
Contact Phone #: _____	Last Term of Attendance: _____ <i>(Leave blank if current student)</i>
Current Address: _____	Email: _____
City: _____	State: _____ Zip: _____

### Document Request Type:

### Request Purpose:

Official Transcript	# of Copies:	_____
Unofficial Transcript	# of Copies:	_____
Enrollment Verification Letter	# of Copies:	_____
Degree Verification Letter	# of Copies:	_____
PhD MS		_____

Grant/Fellowship Application
Employment
Travel
Other _____

### Processing Guidelines:

**Note:** Allow 10-14 days for processing of request. Official transcripts cannot be provided via fax or email.

**I will pick up when ready**

Mail to: Name of Recipient: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Other Instructions:

Signature: _____	Date: _____
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*For office use only*

Transaction Completed By: \_\_\_\_\_

Initials

Date