



Request for Release of Information

1. Print, complete and sign form and submit to the office of the Registrar in person, by fax, or by mail
2. Include \$7.00 per transcript request (*Note: \$7.00 fee will be waived for currently enrolled students*)
3. Requests will not be processed for students with an outstanding balance or unfulfilled obligation to the University
4. Request will be completed within 3 business days

Last Name: First Name: Middle:

Maiden/Previous: Class of: DOB:

PID: Cell Phone:

Telephone: Email:

Street: City: State: Zip:

I hereby request and consent to release of the following: (*please check all that apply*)

☐ Official Transcript

☐ Unofficial Transcript

(*For students currently
enrolled in the School of
Medicine only*)

Special Instructions (*please click all that apply*):

☐ Mail to Student in Sealed Envelope

☐ Issue to Student Unsealed (to be picked up in 1001 BH)

☐ Issue to Student in Sealed Envelope (to be picked up in 1001 BH)

☐ Issue to Organization

☐ Certified copy of Diploma (for diplomas granted prior to 2007 please contact the Registrar's office on main campus – 919-962-9851)

☐ Certification of enrollment and good standing

☐ Certification of expected graduation

☐ Certification of graduation

☐ MSPE (Dean's Letter)

☐ Licensure Form (*attached form(s) to be verified*)

☐ MCAT Scores

☐ Other

☐ Reason for Request

Mail to: (Organization(s), Street, City, State, Zip—if more than 3 please provide on separate sheet)

☐ I waive the right to receive copy of the information released

Number of transcripts requested x \$7.00 = (*Note: \$7.00 fee will be waived for students
currently enrolled in the School of Medicine*)

Signature

Date