Albert Einstein College of Medicine

Office of the Registrar
1300 Morris Park Avenue
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Bronx, NY 10461
Phone: 718.430.2102 Fax: 718.430.4123
Einstein-MDregistrar@einsteinmed.org

Document Request Form (MD)

- Official document(s) cannot be faxed or emailed to the individual or a third party.
- Request form may be faxed or emailed to the Registrar's Office. We cannot accept phone requests.
- Please allow 10 to 14 days to process.

Name: _____ Banner ID _____
Last First M.I.

Year of Graduation: _____ Date of Birth: _____ Are you on a Student Visa? ☐ Yes ☐ No

Previous Name: _____ Date of Birth _____

Mailing Address: _____

_____

Email: _____

I authorize Albert Einstein College of Medicine to release the document(s) as indicated below.

_____ _____
Signature **Date**

Reason for this request:
Scholarship ☐ ERAS☐
Employment/Interview ☐ Other _____

Document(s) requesting:
Transcript – Student Copy ☐
Official Transcript: ☐As currently recorded ☐After degree is recorded
Enrollment Verification (third-party mailing address required) ☐
Letter of Good Standing (third-party mailing address required) ☐
Attached forms to be completed by Registrar ☐
Official MSPE/Dean's Letter (WILL NOT be released to any current or former student) ☐
Certified copy of diploma (must provide copy) ☐

Release of document(s):
Will pick up with photo ID (Pick-up must be approved by the Office of the Registrar ☐
Mail to the mailing address listed above (documents will be in a sealed envelope) ☐
Mail to Organization/Institution listed below (attach additional pages if needed): ☐
Email to Organization/Institution listed below (documents cannot be emailed to student directly): ☐

Organization/Institution: _____

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