

## REQUEST FOR FILE DOCUMENTS

### Instructions

1. This form will accompany requested material. PRINT LEGIBLY or TYPE.
2. Use a different form for each addressee. BE SURE TO CHECK ADDRESS FOR ACCURACY.
3. **Failure to complete all items may delay processing of your request.**
4. Allow at least 5 days for delivery. Requests are filled in the order received.

PRINT Name \_\_\_\_\_ TUID: \_\_\_\_\_ Date \_\_\_\_\_

Telephone \_\_\_\_\_ Signature \_\_\_\_\_ (authorization to release records)

- Fill In Category:**
- Current Student, Class of \_\_\_\_\_
  - Graduate, Class of \_\_\_\_\_
  - WD/LOA/Former Student \_\_\_\_\_
  - (date last attended) \_\_\_\_\_

- Check Off Items to be Sent:**
- \_\_\_\_\_ School Certified Board Scores\*
  - \_\_\_\_\_ 3<sup>rd</sup> Year Clinical Evaluations
  - \_\_\_\_\_ Class Rank
  - \_\_\_\_\_ Enrollment Verification (current students only)
  - \_\_\_\_\_ Degree Verification

### PRINT Recipient's Name and Address (Mailing Label)


\*School certified Nt'l Board Scores are not used for state Licensing – contact NBPME directly for official scores.

### Indicate Action Desired:

- \_\_\_\_\_ Send
- \_\_\_\_\_ Email: \_\_\_\_\_
- \_\_\_\_\_ Fax: \_\_\_\_\_
- \_\_\_\_\_ Hold for Pick Up: Paperwork VOID if Envelope Seal is Broken
- \_\_\_\_\_ I authorize the following person to pick up my academic records:  
PRINT NAME OF DESIGNEE: \_\_\_\_\_

### PRINT Your Name and Address (Mailing Label)


Office Use Only
Date Received:
Date Processed: