

Please allow 5-7 working days for completion of your request

# University of Alabama School of Medicine

Medical Student Services / Records  
VH 100, 1530 3<sup>rd</sup> Ave S  
Birmingham, AL 35294-0019  
Telephone: (205) 934-4964 Fax: (205) 934-8724



## Currently Enrolled Medical Student Records Request Form

Current class:  MS I  MS II  MS III  MS IV

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Banner ID (B00 Number) or Social Security Number: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of currently enrolled student (required): \_\_\_\_\_

Purpose of request: \_\_\_\_\_

**NOTE: Letters verifying enrollment are now available free of charge through Student Self Service.**

Quantity	Item	Unit Price	Total
	Official transcript	\$5.00	
	Unofficial transcript	\$3.00	
	Form or letter verifying grades (i.e., auto insurance)	\$0.00	
	Loan deferment form	\$0.00	
	Military reimbursement (include original receipt)	\$0.00	
	Name change (requires new Social Security card & marriage certificate / court papers)	\$0.00	
	Other (specify):	\$0.00	
		<b>TOTAL</b>	<b>\$</b>

Will pick up (provide email address):  Mail to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Payment Information

Check or money order payable to University of Alabama School of Medicine

Visa  MasterCard  Discover Amount charged to card: \_\_\_\_\_

Card number: \_\_\_\_\_ Cardholder's signature \_\_\_\_\_

CID number: \_\_\_\_\_ Cardholder's address: \_\_\_\_\_

**(3-digit # at end of acct # on back in signature box)**

Expiration date: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_