

Please allow 5 to 7 working days for completion of your Request

University of Alabama School of Medicine

Medical Student Services/Records VH-100
1530 Third Avenue South
Birmingham, AL 35294-0019
Telephone (205) 934-4964
Fax (205) 934-8724



Former Medical Students

Medical Student Records Request Form

Print or type, mail or fax completed form, along with payment, to above location.

Name: Last _____ First _____ Middle _____

Last name used while enrolled _____ Address _____

City, State, Zip _____ Phone Number/s _____

Graduation year or last year attended _____ Social Security Number _____

Group A	Qty.	Item	Unit Price	Total
	_____	Certified copy of diploma sent directly to institution	\$10.00	_____
	_____	Certified copy of diploma in sealed envelope mailed to specified address	\$10.00	_____
	_____	Official transcript sent directly to institution	\$10.00	_____
	_____	Official transcript in sealed envelope mailed to specified address	\$10.00	_____
	_____	Unofficial transcript	\$ 8.00	_____
			Subtotal	\$ _____
Group B = \$45.00	The price to prepare one or more credential items from Group B below is \$45.00 per Request Form. Limit of 15 items for \$45.00.			
	Qty.	Item		
	_____	Verification letter (matriculation date and graduation date receiving the MD)		
	_____	Verification letter (specify information needed)		
	_____	State licensure form – Certification of Medical School		
	_____	Dean's letter/Medical Student Performance Evaluation		
			A-Subtotal	\$ _____
			B-Subtotal (\$45.00)	\$ _____
			Grand Total	\$ _____

Signature of Former Student Required
To Authorize the Release of Information _____ Date _____

Mail to: _____
Print or Type information below or use additional sheet if necessary

Payment Information

Check or money order payable to: University of Alabama School of Medicine (UASOM)

Visa MasterCard Discover Amount charged to card \$ _____

Card number: _____ Cardholder's signature _____

CID number: _____ Cardholder's address _____

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

Expiration date: _____ Cardholder's City _____ State _____ Zip _____