

# University of Vermont Office of the Registrar (802) 656-2045

## Medical Education Verification Release & Document Request Form

Name
_____
Current Name
_____
Previous Names

Contact Information
Address: _____
_____
Phone: _____
E-mail: _____

Documents Requested
<input type="checkbox"/> Dean's Letter/ MSPE
<input type="checkbox"/> Letter Verifying Attendance and Graduation Dates
<input type="checkbox"/> Letter Explaining Leave of Absence/Delay of Graduation
<input type="checkbox"/> Certification of Medical School Diploma <i>Note: Please provide a photocopy of your diploma if you graduated before 2000.</i>
<input type="checkbox"/> State Licensing or Credentialing Form <i>Please attach all forms needing to be completed.</i>
<input type="checkbox"/> Official Transcript Looking for a copy of your official transcript? For students who graduated after 2002, please log into your myUVM portal and make a request via the Alumni tab. For students who graduated in 2002 or earlier, please fill out the form above.

Enrollment
Years of Attendance: _____ From _____ To _____
Graduated: _____

Personal Information
Date of Birth: _____ / _____ / _____
UVM 95# (optional, but helpful): _____

Signature
I authorize the UVM College of Medicine / Registrar's Office to release the documents and information that I have requested.
Signed: _____
Date: _____

Destination
<input type="checkbox"/> Send to Me at: ___ Postal Mail ___ E-mail ___ Fax:
<u>Send to:</u>
Name _____
Company _____
Address _____
City _____ State _____ Zip Code _____
Fax # or Email if acceptable to submit verification by such _____
<u>Send to:</u>
Name _____
Company _____
Address _____
City _____ State _____ Zip Code _____
Fax # or Email if acceptable to submit verification by such _____
If needed, submit an extra sheet with additional info.

**Please allow up to 2 weeks for your request to be processed.**

**For verification of residency, internship or fellowship training, contact Graduate Medical Education (hospital): [GMEoffice@uvmhealth.org](mailto:GMEoffice@uvmhealth.org)**

**Please return this form and any associated paperwork to:** [LCOMVerify@uvm.edu](mailto:LCOMVerify@uvm.edu) or to the address below.  
University of Vermont Registrar's Office, 360 Waterman Bldg., 85 South Prospect St., Burlington, VT 05405