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

Medical Education Verification Release & Document Request Form

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| **Name** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Current Name** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Previous Names** |

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| **Contact Information** |
| **Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **E-mail:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Enrollment** |
| **Years of** **Attendance:**  | \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_  From To |
| **Graduated:** |
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| **Personal Information** |
| **Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ /\_\_\_\_\_\_\_\_\_ |
| **UUVM 95#** (optional, but helpful)**:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Signature** |
| I authorize the UVM College of Medicine / Registrar’s Office to release the documents and information that I have requested.**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Documents Requested** |
| □ Dean’s Letter/ MSPE |
| □ Letter Verifying Attendance and Graduation Dates |
| □ Letter Explaining Leave of Absence/Delay of Graduation |
| □ Certification of Medical School Diploma***Note: Please provide a photocopy of your diploma if you graduated before 2000****.* |
| □ State Licensing or Credentialing Form***Please attach all forms needing to be completed.***□ 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. |
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| **Destination** |
| □ Send to Me at:**\_\_** Postal Mail **\_\_** E-mail **\_\_** Fax: |
| **Send to:** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Company |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City State Zip Code |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Fax # or Email if acceptable to submit verification by such** |
| **Send to:** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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.** |

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| **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** |

**Please return this form and any associated paperwork to:** LCOMVerify@uvm.edu or to the address below.

University of Vermont Registrar’s Office, 360 Waterman Bldg., 85 South Prospect St., Burlington, VT 05405