**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** |  |  | | --- | | **Contact Information** | | **Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **E-mail:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  | | --- | --- | | **Enrollment** | | | **Years of**  **Attendance:** | \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_  From To | | **Graduated:** | | |  | | |
| |  | | --- | | **Personal Information** | | **Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ /\_\_\_\_\_\_\_\_\_ | | **UUVM 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| |  | | --- | | **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. | |  | | |  | | --- | | **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.** | |
| **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](mailto:LCOMVerify@uvm.edu?subject=LCOM%20Verification) or to the address below.

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