



Office of Enrollment Services
Student Record Request Form

1. General Information

Date of request Date needed Email
Banner ID@ Birthdate SSN XXX-XX-
Full Name (Last, First, Middle) Other Previous Name (if applicable)
Address (Alumni only) (Number and Street) Phone Number
(City, State, Zip Code)
Program: MD PharmD COGS Class of

2. Documentation Request (check all that apply)

Transcript Choose one: Official (Cannot be emailed or faxed) Unofficial Electronic
ERAS Transcript(M4/grads only) Certified Diploma
MSPE/Dean's Letter(grads only) Other
Letter (check all that apply)
elective application landlord
employment nomination/membership
fellowship application research
good standing residency
insurance purposes scholarship
jury duty other (be specific)

Information to Include in Letter (check all that apply)

academic status enrollment status projected
malpractice insurance other (be specific)
graduation date

3. Method of Response to Requester (address of recipient if other than requester on next page):

I will pick up this documentation in the Enrollment Services Office.

We will e-mail you once your request has been completed

Please email to:

Please fax to:

Please mail to:

Special Instructions:

4. Student/Requester Signature:

My signature below authorizes release of this information as indicated on the form and I certify all the information I provided is true and accurate.

Signature:

Date:

REQUESTS WILL BE PROCESSED FREE OF CHARGE AND SHOULD BE SUBMITTED AT LEAST TWO WEEKS BEFORE NEEDED.

Return this form to: Northeast Ohio Medical University or registrar@neomed.edu or Fax: 330-325-5905
Office of Enrollment Services
PO Box 95
Rootstown, OH 44272