

Yale School of Medicine
Office of Student Affairs – 2nd Floor
367 Cedar Street, New Haven, CT 06510
EMAIL: ysm.studentaffairs@yale.edu
Tel: 203-785-2644 / Fax: 203-737-5495

MEDICAL STUDENT / M.D. GRADUATE REQUEST FORM

Please type or write clearly and submit completed form to: ysm.studentaffairs@yale.edu
 Or send via Fax or U.S. Mail (number & address above). Requests will be processed within 7 to 10 business days

Today's Date: _____

Name:	Grad Year:	Program: (MD, MD/PhD, MD/MBA, etc.,)
Maiden or Previous Name(s):	Tel:	
DOB:	Email:	

PLEASE TYPE OR WRITE IN QUANTITY:

Enrollment/Good-standing Letter: _____ **Transcript:** _____ **Grade Sheet:** _____
to verify enrollment status (students only) (clinical rotations only)

MSPE/Dean's Letter: _____ **Verification of Medical Education Letter:** _____
(4th year students and graduates only) to verify completion of medical education (graduates only)

Malpractice, Health & Disability Insurance Letter: _____ **Form(s) Attached:** _____

Select Verification of Training(s):

<input type="radio"/> BLS	<input type="radio"/> ACLS	<input type="radio"/> OSHA	<input type="radio"/> HIPAA	<input type="radio"/> Mask Fit Test	<input type="radio"/> OTHER
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Additional Comments: _____

M.D. and M.H.S Diploma Inquiries from Graduates

All inquiries should be addressed to the Office of the Secretary. Requests for duplicate or replacement diplomas, certified copies of diplomas, certificates of graduation or official translations of diplomas should be sent to: Barbara Botti, Assistant to the Secretary, Yale University, P.O. Box 208230, New Haven, CT 06520. Tel: 203-432-2311. Fax: 203-432-7891. Email: diplomas@yale.edu
 (Website: <http://secretary.yale.edu>)

NAME (if available) AND ADDRESS TO SEND DOCUMENT(S), INCLUDING ZIP CODE

ADDITIONAL COMMENTS REGARDING YOUR REQUEST(S)

CHOOSE ONE: Will pick up: _____ Forward to above address: _____ Email to Student or Grad: _____

Signature _____ **(REQUIRED)**