



Albert Einstein College of Medicine

Office of the Registrar
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Belfer Building, Rm 210
Bronx, NY 10461

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Einstein-MDregistrar@einsteinmed.org

Document Request Form (MD)

- Official document(s) cannot be faxed or emailed to the individual or a third party.
- Request form may be faxed or emailed to the Registrar’s Office. We cannot accept phone requests.
- Please allow 10 to 14 days to process.

Name: _____ Banner ID _____
Last First M.I.

Year of Graduation: _____ Date of Birth: _____ Are you on a Student Visa? ___ Yes ___ No

Previous Name: _____ Date of Birth _____

Mailing Address: _____

Email: _____

I authorize Albert Einstein College of Medicine to release the document(s) as indicated below.

Signature **Date**

Reason for this request:

- Scholarship ERAS
 Employment/Interview Other _____

Document(s) requesting:

- Transcript – Student Copy
 Official Transcript: ___ As currently recorded ___ After degree is recorded
 Enrollment Verification (third-party mailing address required)
 Letter of Good Standing (third-party mailing address required)
 Attached forms to be completed by Registrar
 Official MSPE/Dean’s Letter (WILL NOT be released to any current or former student)
 Certified copy of diploma (must provide copy)

Release of document(s):

- Will pick up with photo ID (official transcript(s) will be in sealed envelope)
 Mail to Organization/Institution (attach addition pages if needed):
- _____

