

State University of New York Health Science Center at Brooklyn School of Graduate Studies Basic Sciences Building Room 3-114A, Box 41

Document Request Form

	Official Transcript (\$5 transcript fee, if a check, payable to "SUNY") Student copy of transcript Enrollment verification Letter of good standing Graduation Certification (for students who have completed the degree program but who's degree is not yet conferred)	
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	National Student Clear 2300 Dulles Station Bo Herndon, VA 20171 www.degreeverify.org	
Retur	rn this form, and any payment, to the Graduate School Office Brooklyn, NY 11203 - Do not hand to the Bursar, the	
Name:		ID#:
Graduatio	on Date or last date of attendance: Month Year	_
Student S	Signature:	Date of Request:/
Current a	address:	Phone #:
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