



MOUNT SINAI  
SCHOOL OF  
MEDICINE

Office of the Registrar  
One Gustave L. Levy Place  
Annenberg Building-Room 5-16  
Box 1257  
New York, NY 10029-6574

Phone 212.241.6691  
Facsimile 212.369.6013  
E-mail: registrar@mssm.edu

### Document Request For Current Students

Name \_\_\_\_\_ Date \_\_\_\_\_

Life # \_\_\_\_\_ Class of \_\_\_\_\_ Phone \_\_\_\_\_

Please allow three (3) business days for processing. Documents will not be issued for students who are on hold and/or have not met their financial obligations to Mount Sinai School of Medicine.

Mail document to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I will pick up document (official transcripts will be in sealed envelopes)

Outside Elective Application Letter (gives Dean's support of application and confirms year of studies and coverage for health and malpractice insurance)

Transcript - Student Copy

Official Transcript:  process immediately  
 hold until current semester grades entered  
 hold until grade entered for course \_\_\_\_\_  
 hold for posting of degree

Jury Duty Postponement request due to studies (please attach summons)

Enrollment Verification (confirms status, year of studies, expected graduation) [good standing letter]

Attached forms to be completed by Registrar and/or Associate Dean

Number of copies \_\_\_\_\_ (if other than 1)

I authorize the Mount Sinai School of Medicine to release the documents as indicated above.

Student Signature

Date

Official Transcript sent \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ by \_\_\_\_\_