



MOUNT SINAI
SCHOOL OF
MEDICINE

Office of the Registrar
One Gustave L. Levy Place
Annenberg Building-Room 13-30
Box 1257
New York, NY 10029-6574

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

Document Request For Alumni

Name _____ Date _____

SS# or Life Number _____ Class of _____

Contact information (this information must be filled in, or risk delay in processing):

Mailing Address: _____

Phone Number: _____

Please allow seven to ten (7-10) business days for processing. Documents will not be issued for graduates who 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)

Diploma – Printing of a new/duplicate diplomas are \$50. Request must be accompanied by notarized photo of person holding diploma and a check or notarized photo of person. Please note, we do NOT keep copies of your diploma.

Transcript – Student Copy - \$10 per copy

Official transcript - \$10 per copy

MSPE/Deans Letter to the program (Will ONLY send to Programs) - \$10 per copy

Completion of State Board Licensures - \$10 per copy

Certification of Medical Degree – No Fee

Enrollment Verification (confirms status, year of studies, expected graduation) [good standing letter] – No Fee

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

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

Alumni Signature _____ Date _____