STUDENT INTERNAL REQUEST FORM

Office of Enrollment Services
Wake Forest School of Medicine
PO Box 573183
Winston Salem, NC 27157

MD: mdstudentrecords@wakehealth.edu
GRAD: gradstudentrecords@wakehealth.edu
CRNA: crnastudentrecords@wakehealth.edu
Fax: 336-716-9593
Phone: 336-716-4264

PLEASE NOTE: In order to ensure timely and accurate processing of your request, please complete all sections of this form. Normal processing time is 2 - 4 business days upon receipt of request. Requests are processed in the order of receipt. If there is a deadline, every attempt will be made to meet the request. However, our office cannot guarantee that a deadline will be met.

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>M.I.</th>
<th>PEOPLESOF ID</th>
<th>TODAY’S DATE</th>
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<tr>
<td>EMAIL</td>
<td>PHONE</td>
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Offical Transcripts are official only when printed on official transcript paper – electronic copies are not official

Reason for request/Instructions: __________________________________________________________

SELECT THE TYPE OF VERIFICATION YOU WISH TO REQUEST:

**MD Student Requests**

- ☐ Official Transcripts ____# of copies
- ☐ Unofficial Transcript ____# of copies
- ☐ USMLE Step 1 & 2 Scores (*Provided as a signed verification letter for passing. Transcripts & actual scores must be obtained from the NBME*)
- ☐ Status Enrollment Verification Letter  ☐ Needs to be signed by Dean  ☐ Can be signed by Registrar
- ☐ Jury Duty Excuse Letter
- ☐ Malpractice Insurance Coverage Verification
- ☐ HIPAA & OSHA Training Verification Letter
- ☐ Other

**Graduate & CRNA Student Requests**

- ☐ Official Transcript ____# of copies
- ☐ Unofficial Transcript ____# of copies
- ☐ Status Enrollment Verification Letter
- ☐ Jury Duty Excuse Letter
- ☐ Other

Signature: X

COMPLETE ADDRESS, E-MAIL ADDRESS OR FAX NUMBER OF VERIFICATION DESTINATION:

Please print clearly. You are responsible for complete and legible information. *(If you have multiple addresses please send an e-mail with the addresses.)*