

Tufts University School of Medicine
Registrar's Office
Med Ed Bld 4th Floor
145 Harrison Ave.
Boston, MA 02111
Ph: 617 636-6568
Fax: 617 636-0432

There is no charge for any document provided.

This form is for MD program students only. PHPD students should contact the PHDP Registrar's Office.

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Class of: _____

ID #: _____

Date Needed: _____

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I HEREBY AUTHORIZE the Registrar's Office of Tufts University School of Medicine to release the following information from my academic record to the person/office indicated below.

Signature: _____ Date: _____

Transcript

Letter of Enrollment

Letter of Recommendation
(written by a Dean)

Jury Duty Letter

Other (please specify): _____

Please mail: **OR** Fax: **OR** I will pick up: Pick up date: _____

Mailing address or Fax number:

Name: _____ Fax #: _____

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Office Use Only: Material sent on: _____ By: _____