Registrar's Office
1001 Bondurant Hall, CB#9535, Chapel Hill, NC 27599-9535
Phone: (919) 962-8335, Fax: (919) 966-9930, E-mail: somrecords@med.unc.edu

UNC SCHOOL OF MEDICINE

Consent Form for Release of Information
1. Complete, sign and submit this form to the School of Medicine Registrar's Office by e-mail, fax, USPS mail or in-person.
2. There is a $7.00 fee per transcript request that must be included when submitting this form (**Note: if you matriculated into the School of Medicine in Fall 2014 or after, we can only provide an <u>UNOFFICIAL</u> transcript at no charge for currently enrolled students only**).
3. Requests will not be processed for students with an outstanding balance or unfulfilled obligation to the University.
4. Request will be completed within 3-5 business days.
5. Accepted forms of payment: cash, check, money order. Checks made payable to: UNC School of Medicine.

First, Middle, Last Name: _____ Maiden Name: _____

PID: _____ Date of Birth: _____ Class of: _____

E-mail: _____ Phone: _____

Street/City/State/Zip: _____

☐ **Official Transcript: Number of Official Transcript(s) Requested: _____ x $7.00**

(Note: The Official Transcript option is only available to those who matriculated into the School of Medicine prior to Fall 2014. Those who matriculated in or after Fall 2014 must contact the main campus Registrar's Office for an official transcript request.)

☐ **Unofficial Transcript** (Note: This option is only available to currently enrolled students in the School of Medicine.)

☐ **Certified Copy of Diploma** (Note: For diplomas granted prior to 2007, please contact the main campus Registrar's Office; (919) 962-3954.)

☐ **Letter of Enrollment, Good Standing and/or Expected Graduation**

☐ **MSPE (Dean's Letter)** (Note: MSPE's are only sent directly to an institution/organization. We do not provide copies of the MSPE to students/alumni. MSPE's are only available to 4th year students and alumni.)

☐ **Licensure Form** *(attach form(s) to be completed)*

☐ **MCAT Scores**

☐ **Other:** _____

Reason for Request: _____

Processing Instructions:

☐ Mail to student in sealed envelope

☐ E-mail to student (excluding official transcripts, MSPE's and certified diplomas)

☐ Issue to student for pick-up in 1001 Bondurant Hall

☐ ERAS/MIDUS Upload(s); (Student must also submit the request through ERAS/MIDUS.)

☐ E-mail to organization; E-mail Address: _____

☐ Mail to: (Organization(s)/Third Party, Street, City, State, Zip) ***Full address is required to be processed.***

_____

_____

_____   _____
Signature   **Date**