Academic Operations & Institutional Research

Name: _______________________________________________ Graduation Year: ________________

Student ID number: ____________________________________________

I am requesting the following service from Academic Operations & Institutional Research

☐ Enrollment Verification/Letter of Good Standing – letter verifying student’s enrollment status, academic standing, dates of attendance and/or anticipated graduation date.

☐ Class Ranking – letter providing student’s ranking in percentage by class following the most recently completed semester.

☐ OSHA/HIPAA Letter

☐ National Board Scores Part I ________ Part II ________ CSPE ________

☐ Graduation Verification – letter verifying student’s graduation date and degree earned.

☐ Copy of Certificate of Insurance/Malpractice Insurance

☐ Drug Test Results

☐ Receive a copy my 4th year evaluation (Specify Program) ________________________________

☐ Background Check Results

☐ Request Student Feedback from Clerkship/Senior Medicine Rotations (Specify program)______________________________

☐ Other – Please Specify: ________________________________________________________________

______________________________________________________________

*Unofficial Transcripts – Login to your Flashline account*

Mail/Email to:

☐ I will pick up

☐ Send to my email: ____________________________________________________

I authorize Kent State University College of Podiatric Medicine to release the above information.

Student’s Signature: ___________________________ Date Requested: _____________________________