



University of California, Davis
School of Medicine, Registrar's Office

Current Student Release/
Information Request Form

4610 X Street, Suite 1208, Sacramento CA 95817-2200 / Phone: (916) 734-4027 / Fax: (916) 734-2178

Personal Information

Name: _____ Former Name: _____
Student ID: _____ Official School e-mail: _____
Date of request: _____ Class of: _____ Phone or Pager: _____

I certify that I am the above named person and the information I am providing is accurate.

Signature: _____

_____ Away Application	_____ HIPAA	_____ Jury Duty Letter
_____ Immunization Records	_____ Unofficial Transcripts	_____ Other (explain below)
_____ Good Standing/Enrollment Letter	_____ Replacement Badge/Cardkey	_____ Doc 2 Certif. Addendum
_____ w/grading explanation		
_____ "Clerkship Letter" – includes: Good Standing, HIPAA, Malpractice Information, Up-to-Date Immunizations)		
_____ w/USMLE pass/fail		

Comments/Explanations: _____

☐ Email when ready for pick up ☐ Email to me as PDF ☐ Send directly to (provide information below)

1. Name: _____
Institution: _____
Address: _____
City/State/Zip: _____
Fax or Email: _____
2. Name: _____
Institution: _____
Address: _____
City/State/Zip: _____
Fax or Email : _____

Office Use Only

Request processed by: _____ Date: _____ Notes: _____