

**University of Minnesota
Medical School
FORM - LETTER REQUEST**

NAME: _____ Date _____

STUDENT ID # _____

YEAR: 1 2 3 4 GRADUATE

- _____ Complete attached form
- _____ Letter stating status in Medical School
- _____ Letter stating matriculation date, status, anticipated graduation
- _____ Letter to Armed Forces stating curriculum schedule-Periods affected _____
- _____ JURY DUTY letter stating curriculum schedule-your report date _____
- _____ Letter certifying medical education & degree completion-YR graduation _____
- _____ Dean's letter - Year of Graduation _____
- _____ Letter certifying graduation & that diploma is not received until Aug. (new grads)
- _____ Other: _____

I AUTHORIZE THE MEDICAL SCHOOL, OFFICE OF STUDENT AFFAIRS, TO RELEASE THE ABOVE INFORMATION IN MY FILE TO THE PLACE/PERSON(S) REQUESTED.

SIGNATURE: _____

Hold for pickup: _____ **OR** Mail/Fax to: _____

Phone # _____ _____

OR (your preference) _____

Email _____ _____