



School of Medicine Academic Record Release Form

This form is reserved for students who need to submit a diploma certification, dean’s letter, or medical education licensure form with the option to include a transcript. If you are only requesting a transcript, please complete the [official Vanderbilt transcript request form](#) available at registrar.vanderbilt.edu.

Name at time of enrollment: _____
Last First Middle Suffix

Current name (if different from above): _____
Last First Middle Suffix

Date of birth (required): _____ Last year of enrollment: _____

Current address: _____

Phone: _____ Email: _____

I, the undersigned, hereby authorize Vanderbilt University School of Medicine to collect the document(s) indicated below and to disclose the same to professional licensing boards, hospitals and other entities when I apply for licensure, staff membership, employment or other privileges.

Please indicate requested document(s):

Transcript _____ Diploma Certification _____ Dean’s Letter (MSPE) _____

Completed medical education licensure form _____

I authorize initial release of my transcript to the following:

Vanderbilt University School of Medicine
 Office of Enrollment Services
 Eskind Biomedical Library & Learning Center, Suite 224
 Nashville, TN 37240

Signature: _____ Date: _____

Note: By federal law, your legal, hand-written signature is required to authorize the release. Hand-writing style fonts or digital signatures will not meet this requirement.

Submit completed form to the **Office of Enrollment Services** at above address, email to medverify@vanderbilt.edu or fax to 615-343-2312.

Questions? Please call 615-322-2145.