

Authorization for Release of MD Student Records

Complete this form and return to the Office of Medical Student Affairs at HSC-OMSA@salud.unm.edu.

Please note: Official transcript requests **MUST** be made through the UNM Office of the Registrar. Requests for reprints of diplomas OMSA does not have on file (1964-2009 and some off-cycle) **MUST** be made through the UNM Office of the Registrar. The Registrar does not keep copies of diplomas. Please visit <https://registrar.unm.edu> for more information.

I am a (check one) Current Student Alumni

Please provide dates of attendance: _____

I am requesting:

- unofficial transcript
- letter of good standing
- enrollment verification
- other (explain) _____
- certified copy of diploma (2010-2022)
- graduation verification

I, _____, born on _____,
full name (please include other names if different during attendance) mm/dd/yyyy

hereby authorize and give consent to the UNM Office of Medical Student Affairs to release the information requested above by (circle) mail/e-mail/fax to:

Contact Name/Business Name: _____

Mailing Address: _____

Phone/Fax: _____ E-mail: _____

Comments:

A scan/email of this authorization is considered as valid as the original document, but a picture of the form will not.

Signature

Date

FOR OMSA OFFICE USE ONLY:	
Received by: _____	Date Received: _____
Completed by: _____	Date Completed: _____

(revised 3.27.2023)