



# Authorization to Release Information

I, \_\_\_\_\_

Class of: \_\_\_\_\_

hereby request the release of the following information from my medical school records:

### Quantity

\_\_\_\_\_ Letter of Academic Standing  
 \_\_\_\_\_ **Describe reason letter requested:** \_\_\_\_\_  
 \_\_\_\_\_ Dean's Letter/Medical Student Performance Evaluation (MSPE)  
 \_\_\_\_\_ **Transcript - There is a \$5.00 fee per transcript. (No charge for enrolled students.)**  
 \_\_\_\_\_  **Official** – (issued in a sealed envelope)  
 \_\_\_\_\_  **Unofficial** – (marked issued to student)  
 \_\_\_\_\_ Certified Photocopy of Diploma  
 \_\_\_\_\_ **(Please note: Graduates prior to 1997 must provide the diploma photocopy for certification.)**  
 \_\_\_\_\_ Other, please describe: \_\_\_\_\_

\_\_\_\_\_ **Replacement of Original Diploma - There is a \$15.00 fee per diploma. (Allow 2-3 weeks for printing)**  
 Please indicate exactly how name should appear on diploma: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

- I authorize the release of the above information to me, and I will pick it up in the Student Affairs Office.  
or
- I authorize the release of the above information to me at the address indicated below:  
or
- I authorize the release of the above information to the company or institution at the address indicated below:

Attention: \_\_\_\_\_  
 Company/Institution: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_

### Authorization Information:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address/Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Payment Information:

Cash    Check    Money order   Credit Card Payment:    Visa    MasterCard

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_ Billing Zip-code: \_\_\_\_\_

Amount to be charged: \$ \_\_\_\_\_ Name as it Appears on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM VIA: MAIL, FAX, OR EMAIL TO:**

REGISTRAR  
Phone: 217.545.2860 | Fax: 217.545.5538

[registrar@siumed.edu](mailto:registrar@siumed.edu)

SIU School of Medicine  
Office of Student Affairs, RM 3080  
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