

# IUSM Graduate Records Request Form

(NOT for use by current students)

For fellowship and residency verification, see [Graduate Medical Education](#). This form is for Medical Degree (M.D.) credentialing only.

Name\*: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

\*All name changes require legal documentation

Last name used while enrolled in Medical School: \_\_\_\_\_ Year of grad. \_\_\_\_\_

Date of Birth(MM/DD/YYYY) \_\_\_\_\_

Telephone Number \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

## Email address for confirmation purposes:

\_\_\_\_\_

### Item Requested:

Transcript - \$15.00 each

Dean's Letter/MSPE (This is the letter written for you for Residency)

State Licensure form (graduate must provide)

Certified copy of diploma (graduate must provide 8 1/2 x 11 copy to be certified)

Other: Please explain \_\_\_\_\_

*Please have form filled out and sent via e-mail attachment to [medcred@iu.edu](mailto:medcred@iu.edu). If you are requesting a transcript please look for a response e-mail with an online payment link once your form has been submitted.*

*Please note that your signature gives us permission to send the above requested documents, as well as any additional follow-up information as requested for credentialing purposes.*

Signature\* \_\_\_\_\_ Date \_\_\_\_\_

**\*Signature required to process all records requests. Please allow at least ten working days for processing.**

Please list addressees here: (*NOTE: For more than two addressees please email list to [medcred@iu.edu](mailto:medcred@iu.edu).)*)

Name and address of destination 1:

Name and address of destination 2:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you need to send this form by mail please e-mail [medcred@iu.edu](mailto:medcred@iu.edu) for the correct address.