



Office of the Registrar
Enrollment Verification Form

Date _____

NEOMED ID @ _____ College: MD PharmD COGS BCOD Class of: _____

Last Name First Name Middle Name Previous Name(s)

Phone # Email Birthdate

Documentation Request (Check all that apply):

- MSPE/Dean's Letter (Grads Only)
Certified Diploma Copy
Enrollment Verification Form Completion
Other _____
Letter (Check all that Apply): Letters include academic status, enrollment status, and either an anticipated graduation date or graduation date.
Good Standing
Proof of Enrollment and/or Graduation
Proof of Malpractice Insurance
Jury Duty (please attach a copy of your summons)
Check additional information to include in letter:
Current Address
Other (be specific) _____

Transcript Requests:

Portal Transcripts (Processed by the Registrar's Office-No Fee):
VSLO, ERAS and MIDUS transcripts are processed by the Registrar's Office and uploaded directly to the appropriate portal at no cost.

- VSLO Transcript (M3 students only)
ERAS Transcript (M4 students and graduates only)
MIDUS Transcript (Graduates only)

All Other Transcripts:

Transcripts for admissions, licensure, fellowship, employment, personal use, or any purpose not listed above must be ordered through Parchment.
Order Official Transcript- with a NEOMED Login (electronic or printed)
Order Official Transcript- without a NEOMED Login (electronic or printed)

Documentation Delivery Method:

Please email to: _____

Please mail to: _____

Please fax to: _____

I will pick up documentation in the Office of the Registrar (Room R-121)
Special Instructions: _____

Student /Alumni Signature

My signature below authorizes release of this information as indicated on the form and I certify all the information I provided is true and accurate.

Signature Date

REQUESTS SHOULD BE SUBMITTED AT LEAST TWO WEEKS BEFORE NEEDED.
Return this form to: registrar@neomed.edu or Fax: 330-325-5905 or mail to:

Northeast Ohio Medical University
Office of the Registrar
PO Box 95
Rootstown, OH 44272