

## **Alumni Records Request Form**

Donald and Barbara Zucker School of Medicine at Hofstra/Northwell
Office of Student Records 500 Hofstra University
Hempstead, NY 11549-5000
email: SOMRegistrar@hofstra.edu
phone: 516.463.7596

Directions: Please fill out this form and return to <u>SOMRegistrar@hofstra.edu</u> with the subject line, "Alumni Records Request." This request can take up to two business days to process. We appreciate your patience.

Section I: Student Information				
Date: _		Hofstra ID (700#):		
Last N	ame:	First Name:	Middle Initial:	
Name	under which you attended (i	f different):		
Curren	at Address Line 1:			
Curren	at Address Line 2:			
State: _	Zip:	Phone Number:		
			Graduation Year:	
© © ©	ERAS (Electronic Resider EFDO (ERAS Fellowship In-person Pick-up Mail (please provide addre physically mailed.	• • • • • • • • • • • • • • • • • • • •	mail transcripts. They must be	
Mail T	To (Name and Address 1):			
	o (Name and Address 2):			

Section	Section III: MSPE Request		
0	ERAS (Electronic Residency Application Service) EFDO (ERAS Fellowship Documents Office) Mail (please provide address below)		
Mail To	(Name and Address 1):		
Mail To	o (Name and Address 2):		
Section	IV: Diploma Request		
0	Mail (please provide address below)		
Mail To	o (Name and Address 1):		
Mail To	o (Name and Address 2):		
Section	V: ERAS Token Request		
Please	initial here if you need to request a token to use ERAS post-graduation		
Student I	at if you are planning to submit a residency application via ERAS post-graduation, the Office of Records will upload your final transcript and an MSPE with an addendum that reflects your and professionalism history between the creation of your MSPE and your graduation date.		
Studen	t Signature:		
Date: _			
For Off	ice Use Only:		
Date Re	eceived: Date Processed:		