

# LETTER REQUEST

Rev 2013Nov01



THE UNIVERSITY OF  
**TOLEDO**  
1872  
**Office of the Registrar**  
Health Science Campus  
Mulford Library, Room 114  
Mail Stop 1041  
Toledo, OH 43614  
Phone: 419.383.3600  
Fax: 419.383.4003  
HSCRegistrar@utoledo.edu

Health Science Campus students may use this form to request a Letter of Good Standing or other student information in letter format.

## Student Information

Please complete the following information and sign in the appropriate area below.

### R

**Rocket ID#** (SSN if R# unknown)

**Name** (Last, First, MI)

Unless you specify otherwise, requests will include the following information:

- Enrollment status (full time/part time)
- Academic standing
- Program enrolled
- Matriculation date
- Expected date of graduation (for medical students)

If you need additional information verified in the letter, please specify below:

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If you are a medical student and need this letter for an away elective application, please check here.

In addition to the above listed information, your letter will include pertinent information which is necessary for away elective applications, such as malpractice insurance coverage. **IMPORTANT:** Before a student applies for an away elective, the elective must be approved by the UTCOM Clerkship Office and the Associate Dean for Clinical Undergraduate Medical Education.

### ADDRESS OF RECIPIENT

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### METHOD OF DELIVERY

Please allow 24 - 48 hours processing time.

**Pick up**

**Mail** to address indicated to the left.

**Email PDF**

The PDF will be sent to your Rocket email address unless you indicate a different email address below.

I affirm that I am the above-named student. In compliance with FERPA, I hereby give my written consent and authorize The University of Toledo to release the requested information.

**X** \_\_\_\_\_  
Student Signature

Date: \_\_\_\_\_