

UNIVERSITY OF ILLINOIS  
**COLLEGE OF MEDICINE**  
**AT ROCKFORD**

**Official Documents Request Form**

Office of the Registrar • 1601 Parkview Avenue • Rockford, IL 61107-1897 • Phone 815-395-5581 • Fax 815-395-5979

Date of Request \_\_\_\_\_

Student's name and address: (please print)

Student ID# (UIN) \_\_\_\_\_


Graduation Year \_\_\_\_\_

Please provide us with your phone number and e-mail address so we can contact you should there be a problem with your transcript request

Phone \_\_\_\_\_

e-mail \_\_\_\_\_

Please mark this box if you wish for the Office of the Registrar to update its records with the address you've listed above.

Send **SINGLE** requested transcript to: (please print)


*If you wish to have documents sent to multiple addresses, fill out a separate form for each address.*

Along with a single transcript as requested above, please check any of the following if needed:

Request Certified Diploma Copy     Request a Medical Student Performance Evaluation Letter (MSPE) – formerly known as the Dean's Letter

**Graduate/Student may not receive a MSPE directly.**

Number of documents requested:  @ \$5.00 per document = Amount Due    \$ \_\_\_\_\_

To add UPS Overnight Delivery, mark here:  Cost \$15.00    \$ \_\_\_\_\_

**TOTAL DUE**    \$ \_\_\_\_\_

**Please make check payable to "University of Illinois"**

(Payment may be one check for ALL requests made at same time.)

**Requests will be processed only after all financial obligations are met.**

Please fax to 815-395-5979, email as PDF or JPEG attachment to [allenam@uic.edu](mailto:allenam@uic.edu), or mail to address at top.

*For Office Use Only*

Form returned
<input type="checkbox"/> By Mail
<input type="checkbox"/> E-mail
<input type="checkbox"/> Fax
<input type="checkbox"/> In Person

Date Prepared

Sent out via
<input type="checkbox"/> Regular Mail
<input type="checkbox"/> UPS

Amount Paid
\$ _____
Paid by
<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____

Completed by: \_\_\_\_\_