



Office of the Registrar • 1310 Club Drive • Vallejo, CA 94592 • phone: 707-638-5984 • fax: 707-638-5267 • email: tuicaregistrar@tu.edu • website: http://tu.edu

**Student Information**

Academic Program:

- DO  MSMHS-COM  Pharmacy  MSMHS-COP  Education  Joint MSPAS/MPH  Public Health  Nursing

Name \_\_\_\_\_ Class of \_\_\_\_\_ Student ID# \_\_\_\_\_  
(required)

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

All requests will be processed within 7 to 10 business days, longer during peak periods.

**Information Requested**

<input type="checkbox"/> Enrollment Verification Letter	<input type="checkbox"/> Unofficial Transcript
<input type="checkbox"/> Completion of Attached Form/Application	<input type="checkbox"/> Degree Verification Letter
<input type="checkbox"/> Copy of Dean's Letter/MSPE (DO Grads Only)	
<input type="checkbox"/> Letter of Good Standing	<input type="checkbox"/> Copy of Diploma
<input type="checkbox"/> Letter to Postpone Jury Duty	<input type="checkbox"/> Copy of Registration Confirmation
County: _____	Semester: _____
<input type="checkbox"/> Other (please indicate) _____	

I will pick up my requested information. Please  email or  call me when the request is ready.

Mail my requested information to: Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Fax my requested information to: Attn: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email my requested information to: Attn: \_\_\_\_\_

Email Address: \_\_\_\_\_

I authorize Touro University California to release the requested information to the above and release the University from any liability resulting from the release of this information.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only:**

Date Received \_\_\_\_\_ Date Completed \_\_\_\_\_ Processed By \_\_\_\_\_