

Northwestern University
Feinberg School of Medicine

Document Request Form
(for current medical students)

Return to:

Feinberg School of Medicine
Registration and Records
303 E. Chicago Avenue
Ward 1-003
Chicago, IL 60611
Fax: (312) 503-0715

All document requests must be made via fax, mail or in person. Due to signature requirements, no email requests can be accepted.

Name _____ Date _____
ID Number _____
Student signature _____
(Documents can not be processed without student's signature)
Phone number _____ Email _____

- Official transcript(s) # requested _____ (official transcript bears a seal and a signature)
- Unofficial transcript(s) # requested _____
- Letter of Good Standing
- Jury duty deferral (must attach the original summons)
- NBME exam registration (Step 1, Step 2 CS & CK – must attach NBME application w/passport photo)
- Completion of loan deferment forms (must attach forms to be completed)
- Completion of away elective applications (M4s only – must attach application(s) to be completed)
- Other

Please include _____

Please check one:

Pick-up (please allow three business days to process)

Mail to:

Fax to:

For office use only Date mailed _____ Date faxed _____ Date picked up _____