



University of Central Florida  
College of Medicine

PERSONAL INFORMATION

Please type or print all sections below legibly (All contact information below is required)

Name (First, Middle/Maiden, Last): \_\_\_\_\_

UCF ID: \_\_\_\_\_ Academic Year(s) To Be Verified: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date Needed By: \_\_\_\_\_

DOCUMENT(S) REQUESTED: *Transcripts and Immunization Records must be requested through separate forms*

- Enrollment Verification     Proof of Liability Insurance     Photo     Other: \_\_\_\_\_
- Letter of Good Standing (*letter includes enrollment verification, academic status, and certifications*)

INSTITUTION INFORMATION (Contact Information for the Third Party Receiving the Documents Must Be Provided)

The Registrar's Office is not responsible for a provided incorrect address. If it is incorrect and cannot be delivered, you will have to request another document with the correct address. (*List additional addresses on separate sheet if necessary.*)

Reason for the Request: \_\_\_\_\_

Institution/Company Name: \_\_\_\_\_

Contact Name (First, Last): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

METHOD OF DELIVERY (please select one of the options below):

- I will pick up my documents in COM Student Affairs     Fax: \_\_\_\_\_
- Mail to the address listed above
- Email: \_\_\_\_\_

SIGNATURE

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

**PLEASE ALLOW AT LEAST THREE (3) BUSINESS DAYS TO PROCESS.**  
Be sure to sign above. UNSIGNED OR INCOMPLETE FORMS CANNOT BE PROCESSED!

Return completed form to:  
College of Medicine Registrar's Office  
6850 Lake Nona Blvd., Suite 115,  
Orlando, FL 32816-0114  
407.266.1373 | [comregistrar@ucf.edu](mailto:comregistrar@ucf.edu)