



### Graduate & Former Student Registrar Service Form

Print clearly, completing all sections that apply. You must sign & date this form. Make check or money order payable to NYCPM (See fees below). Payment can also be made over the phone using a credit card by contacting the Bursar's office at (212) 410-8039, or you may input your payment information below. You can fax the completed form to (212) 722-4918 or e-mail it to aroberts@nycpm.edu.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current E-mail address: \_\_\_\_\_ Student ID# : \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Services Requested:  Education Verification - \$10.00

Clinical Evaluations - No Fee

Dean's Letter - \$10.00

Special Handling/Overnight - \$25.00

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

Print plainly the name, office and address of recipient in the box below. You may also input a fax number.

Fax to Address  Mail to Addressee  To Be Picked Up At Desk


#### Payment Information:

American Express Card #: \_\_\_\_\_

Expiration Date: \_\_\_/\_\_\_ - 4 digit code \_\_\_\_\_

MasterCard/Visa Card #: \_\_\_\_\_

Expiration Date: \_\_\_/\_\_\_ - 3 digit code \_\_\_\_\_

Official Use Only
Signature Received
Mailed On: _____
Initial: _____