



Office of the Registrar • 1310 Club Drive • Vallejo, CA 94592 • phone: 707-638-5984 • fax: 707-638-5267 • email: tucaregistrar@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"/> 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 _____