

**Office of Student Affairs  
Student Services Request Form**

\_\_\_\_\_  
Date Requested

\_\_\_\_\_  
Date Required

Student Name: \_\_\_\_\_ Year: \_\_\_\_\_

SS#: \_\_\_\_\_ (\*)Date of Birth \_\_\_\_\_ (\*)Home Ph. \_\_\_\_\_

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

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

(\*) *Mandatory information when requesting ID badges.*

**I am requesting:**

\_\_\_\_ Good Guy Letter for Elective  
*(includes Malpractice, OSHA, Hippa Certification)*

\_\_\_\_ Student ID Badge\*

\_\_\_\_ Letter of Good Academic Standing  
*(for insurance or scholarship purpose)*

\_\_\_\_ Hospital ID Badge\*

\_\_\_\_ Copy of Evaluations

\_\_\_\_ Jury Duty Letter

\_\_\_\_ Process USMLE Application

\_\_\_\_ Deferment Forms

\_\_\_\_ Medical Education Verification

\_\_\_\_ Military Reimbursement

\_\_\_\_ Replace Mailbox Key

\_\_\_\_ Other: \_\_\_\_\_

**Attention: Transcript requests are handled by the Office of the Registrar, Rm. 326, BSU**

**Please forward documents to:**

Facility Name: \_\_\_\_\_

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

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

**Check One:**      \_\_\_\_\_ Mail      \_\_\_\_\_ Hold for Student Pick Up

**THERE IS A FIVE (5) DAY TURNAROUND TIME**