

HOWARD UNIVERSITY COLLEGE OF MEDICINE

THE OFFICE OF ACADEMIC AFFAIRS

RELEASE FORM

NAME (Print Clearly): \_\_\_\_\_ PREFERRED TITLE:  Ms.  Mr.

PHONE: \_\_\_\_\_ HU EMAIL: \_\_\_\_\_

SECTION A - MY STATUS:

MS-I  MS-II  MS-III  MS-IV  Alumni

Graduation Period: \_\_\_\_\_  
Month/Year

SECTION B – TYPE OF DOCUMENT REQUEST:

Letter of Enrollment/Good Standing  
(Verifies enrollment, good standing, graduation, etc.)

Dean’s Letter of Recommendation  
(Recommends for research, scholarships, associations, etc.)

VSAS/Non-VSAS Away Elective Letter  
(Verifies for away rotations student’s good standing, graduation date, malpractice insurance limits, HIPAA/OSHA training, etc.)

Dean’s Letter/MSPE  
(Alumni Only)

Certified Copies of Diploma  
(Alumni Only)

English Translation of Diploma  
(Alumni Only)

SECTION C - THE LETTER(S) SHOULD BE ADDRESSED TO:

*Release forms will not be accepted without name of person or title, institution/organization name, full address, and fax/email if applicable.*

1. **Recipient Name or Title:** \_\_\_\_\_

**Institution Name and Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Email/Fax (if required):** \_\_\_\_\_

2. **Recipient Name or Title:** \_\_\_\_\_

**Institution Name and Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Email/Fax (if required):** \_\_\_\_\_

3. **Recipient Name or Title:** \_\_\_\_\_

**Institution Name and Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Email/Fax (if required):** \_\_\_\_\_

SECTION D – METHOD OF DELIVERY

- HOLD HARD-COPY FOR PICK-UP [Default for letters of Enrollment/Good-Standing]
- EMAIL DIRECTLY TO RECIPIENT [As required]
- EMAIL DIRECTLY TO STUDENT; UPLOAD TO E-VALUE
- FAX or MAIL DIRECTLY TO RECIPIENT

Please review all information above. Sign and date below, authorizing the Office of Academic Affairs to release the requested information to the addressee(s) listed. **Release form requests are typically processed within 48 hours of receipt.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_