



Medical Board of California
Verification Request
Office of the Registrar
9700 West Taron Drive
Elk Grove, CA 95757
CNRegistrar@cnsu.edu
Fax: (916) 686-8432

INSTRUCTIONS

- Use this form to order an Official Transcript, Verify Medical Diploma, and/or Certificate of Medical Education (Form MED) to be sent to the Medical Board of California.
Please print legibly and complete all areas that apply.
(1) One complimentary transcript. There is no charge for the graduate's first transcript to the Medical Board of California. Standard fees are applied for additional requests. Submit the general CNU Transcript Request form for multiple orders and/or multiple destinations.
Please submit a copy of your Medical Diploma and completed Form MED along with this request form.
Make sure you have an open application with the Medical Board at time of form submission.

STUDENT INFORMATION

Name: Last First Middle
Student ID#: Class of: Date of Birth: Phone#:
Personal Email:

DOCUMENT INFORMATION

Type of Document: Official Transcript Verify Medical Diploma Form MED
Quantity Requested: 1
Method of Delivery: Mail or Upload to Medical Board

Mail To: Medical Board of California Attn: Licensing Program
Name
2005 Evergreen Street Suite 1200
Address
Sacramento CA 95815
City State Zip

In accordance with Federal Law and KRS 164.283, records cannot be released without the written consent of the student.
I certify that I am the above named person and consent the release of this information.

Student Signature: Date:

OFFICE OF THE REGISTRAR USE ONLY
Date Received: Date Processed: Processed By:
Created 3/21 OR