



Medical Board of California Verification Request

Office of the Registrar
9700 West Taron Drive
Elk Grove, CA 95757
Registrar@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

City

CA

State

95815

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: _____

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