



# Transcript & Letter of Good Standing Request Form

**PLEASE PRINT CLEARLY** - Incomplete information may result in processing delays.  
Transcripts/Letters of Good Standing will not be released without this request form.

Send the signed and completed form for processing to:

Email: [registrar@oceaniamed.org](mailto:registrar@oceaniamed.org)

Fax: +1-888-670-8512

Student Information		
Name: _____		
Last	First	Middle
Former/Maiden Name: _____		
Student ID Number: _____		Date of Birth: _____
Year of first term attended: _____		Year of last term attended: _____

Current Contact Information	
Address: _____	Unit/Apt: _____
City: _____	State: _____ Zip Code: _____
Country: _____	Telephone Number: _____
Email Address: _____	

Mail Transcript/Letter of Good Standing to (Use additional sheets if necessary)	
Send _____ copies of transcript/letter of good standing (circle all that apply) to:	
Signature over flap <input type="checkbox"/> Y <input type="checkbox"/> N	_____ _____ _____
Send _____ copies of transcript/letter of good standing (circle all that apply) to:	
Signature over flap <input type="checkbox"/> Y <input type="checkbox"/> N	_____ _____ _____

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Do not rely on printed copies to remain current.*  
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