**The University of Louisville School of Dentistry  
Office of the Registrar  
Academic Affairs Request Form**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing here, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize the release of the following information contained in my dental school record per this request.

**Class of:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Contact me by:**  phone at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**UofL ID:** \_\_\_\_\_\_\_\_ or **last 4 digits of SS#:** \_\_\_\_\_\_\_\_\_\_  email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Request for:**  
 Certification of enrollment  
 Certification of graduation  
 Jury duty postponement (jury duty notice must accompany request)  
 Externship recommendation letter (must include type/dates of program and institution you will be visiting)  
 GPA  Class rank  National Board Scores  
 Other (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions for completed paperwork:** I will pick it up  
 Fax it to ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Mail it to the address (es) I have provided below:  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **POSTDOCTORAL/SPECIALTY APPLICATIONS ONLY:  
DEAN’S LETTER REQUESTS ONLY (Fill out information below)** Dean’s letter of recommendation: **You must submit a current curriculum vitae & personal statement.** **Please allow 30 days to process** I waive my right to access my letter of recommendation and any forms incident to this request.  
 I do not waive my right to access my letter of recommendation or any forms incident to this request.

**Post-doctoral field of specialization:** **Program Submittal Deadline:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 AEGD  GPR  Orthodontics  Pediatric Dentistry  Oral Pathology  
 Endodontics  Periodontics  Oral Surgery  Prosthodontics

**Application Method:** PASS Online  
 Non-PASS schools – How many copies of the Dean’s letter do you need? \_\_\_\_\_\_\_ please provide addresses

**For Non-PASS: Check the appropriate boxes for the information you would like included in your letter.** GPA  Class rank  National Board Scores