



# MCPHS University Registrar's Office

## Licensure Request

Student Information:	
Full Name	
Student ID # (or DOB)	
Program	
Graduation Date	
Campus	
Phone Number	
E-Mail Address	

Licensure Request Information:	
State	
<b>Requested Paperwork</b> Please specify documentation requested. Example: <ul style="list-style-type: none"><li>• Letter of graduation</li><li>• Application/Form *You must include form for processing</li></ul>	
<b>Mailing/Emailing Address</b> Please specify mailing address for completed document(s).	

Licensure Request Authorization:	
By submitting this Licensure Request, I am authorizing MCPHS to complete licensure paperwork. I have appended requisite paperwork to be completed by the Registrar's Office.	
Name (printed)	
Signature	
Date	

**Licensure requests must include a student signature.**

o If you only require a transcript, your request must be made through the National Student Clearinghouse. If you require additional paperwork from MCPHS you will submit this form along with your transcript request in National Student Clearinghouse.

Please return this form to:

**Boston:** MCPHS University, Registrar's Office, 179 Longwood Avenue, Boston, MA 02115  
**Fax:** 617-735-1050  
**Email:** [Registraroffice@mcphs.edu](mailto:Registraroffice@mcphs.edu)