

**VSLO (Visiting Student Learning  
Opportunities) OFFICIAL TRANSCRIPT  
REQUEST FORM**

## Instructions:

- Review your CSOM transcript in CUNYFIRST to confirm your record is accurate before submitting a transcript request.
- Official medical school transcripts **are only sent electronically** to host medical institutions as part of the VSLO application process.
- Requests will not be processed without the signature of the student.
- Official transcripts will not be released to students.
- If there is a **HOLD** on your record, this request **will not** be processed.
- Please send completed request form (include your last, first name in the title of the document) to the [Mbailey@med.cuny.edu](mailto:Mbailey@med.cuny.edu)
- Allow 2-3 business days for processing and upload to VSLO.
- This form only needs to be completed once.

Last Name

First Name

Middle Initial

EMPL ID

Date of Birth:

Address:

Citymail:

Phone number:

I request and give my permission to release my academic transcripts to be included as part of **any VSLO applications that I submit for 4<sup>th</sup> year visiting student electives.**

Student's Signature:

Date signed: