



MEDICAL/DENTAL SCHOOL CERTIFICATION

Parkland

To Applicant: In order to process your paperwork for internship, residency and/or fellowship at Parkland Health & Hospital System, the House Staff GME office requires verification from your medical school regarding your graduation status. Please sign the attestation below and have the completed form returned to the address below.

To Medical School Registrar: My signature below is your authority to release any and all information in your files, favorable or otherwise regarding myself, directly to:

Parkland Health & Hospital System
House Staff GME Office
5201 Harry Hines Blvd.
Dallas, Texas 75235

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

Note: Faxed copy of student signature is valid as original.

To Reference Source: Please complete this form, sign and return to the above address. Your response will be held in strict confidence.

\*\*Please Print or Type all Information\*\*

I hereby certify that the Degree of \_\_\_\_\_ was/will be conferred upon

(Student's Name)

by the \_\_\_\_\_

(School Name)

on \_\_\_\_\_ and that the photograph which appears below is a true

(Full Date mm/dd/yyyy)

likeness of the physician named above.

(Print Name of Registrar)

(Place Photo Here)

(Registrar Signature)

(Date)

(Official medical School Seal must be imprinted on the photograph)