



ADAMS SCHOOL OF DENTISTRY

Dental Assisting Transcript or Certificate Request

Make check or money order payable to: UNC Adams School of Dentistry
Mail printed/signed forms (both pages) to: UNC Adams School of Dentistry Ashley Blake Registrar Academic Affairs - CB7450 Chapel Hill, NC 27599-7450

Full name used when attending program \_\_\_\_\_

PID or Social Security# [ ]

Year Attended [ ]

Allow 2-3 weeks for processing.

Transcripts - \$7 per copy. Enter # of copies requested \_\_\_\_\_

SPICE Certificate - \$10 per copy. Enter # of copies requested \_\_\_\_\_

Dental Assisting Certificate - \$20 per copy. Enter # of copies requested \_\_\_\_\_

Mail to: Name Address City Zip

Email Address State Phone

Mail to (if different from above)

Name Address Address City State Zip

Name Address Address City State Zip

Signature - Required

Date

The University Of North Carolina at Chapel Hill  
CONSENT FOR RELEASE OF INFORMATION  
FROM EDUCATION RECORDS

The Family Educational and Privacy Rights Act (FERPA) protects the privacy of student education records. Therefore, students who request a letter of reference or a telephone reference from a faculty or staff member must authorize the release of information from their education records. Students can do this by completing this form and providing a signed copy to faculty or staff members providing the reference.

Student Name: \_\_\_\_\_ PID: \_\_\_\_\_

I authorize the following individuals to serve as a reference for me (*check all that apply*):

- All members of UNC School of Dentistry administration  
 All members of UNC School of Dentistry faculty and/or staff  
 Only certain individual(s) from UNC School of Dentistry (*listed below*):

\_\_\_\_\_  
(Individual's name and title) (Individual's name and title)

The purposes of references are (*check all that apply*):

- Application(s) for employment  
 Scholarships and/or awards  
 Admissions to other educational institutions or programs

References may be given in the following forms (*check one or both*):

- Written  Oral

I authorize the above-named person(s) to provide an evaluation of any aspect of my academic performance, whether based on any education records at The University of North Carolina at Chapel Hill (the "University") or on personal observation, and to release information from my education records, including my grades, GPA, class rank, any information pertaining to my education at other institutions I have previously attended, and any other personally identifiable information. I authorize release of this information and reference or evaluation to (*check all that apply*):

- All prospective employers  
 All educational institutions to which I seek admission.  
 All individuals and/or entities considering me for a scholarship or award  
 All of the above

I understand that, under FERPA, I have the right not to consent to the release of my education records. I release the University, its employees and the persons providing the above-described reference or evaluation from all claims and liability for damages that may result from their compliance with this request.

By initialing here, I waive my right to review a copy of any reference by the above-named persons at any time in the future.

This Consent shall remain in effect until revoked. A copy of this Consent shall have the same force and effect as the original.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_