



Jacobs School of Medicine and Biomedical Sciences

Office of Graduate Medical Education

University at Buffalo

Dear Doctor,

The University at Buffalo Office of Graduate Medical Education requires primary source verification of your medical/dental school degree for your residency file in addition to a copy of your diploma. Your medical/dental school may require signed authorization in order to release this information.

Please complete the bottom of this letter allowing us to verify your educational records. Please feel free to contact me with any questions.

Sincerely,

Melanie A. Santillo
Human Resources Coordinator
Office of Graduate Medical Education
University at Buffalo
T: (716) 829-5997
F: (716) 829-3999
masantil@buffalo.edu

I consent to the release of information required to verify my degree to the University at Buffalo Office of Graduate Medical Education.

Print Name

Signature

Date