



## Senior Clearance Certificate

### University of Arkansas for Medical Sciences College of Medicine

In accordance with University policy, all students are required to obtain clearance from the following departments and activities:

**NAME**

(Please Print)                      **Last**                                      **First**                                      **Middle**

**Forwarding Address:** \_\_\_\_\_  
\_\_\_\_\_

**Forwarding Email Address** \_\_\_\_\_  
**Forwarding Home Phone** \_\_\_\_\_  
**Forwarding Cell Phone** \_\_\_\_\_

	<b>DATE</b>	<b>Authorized Signature</b>
<b>UAMS Police Dept.</b> <i>(800 Cottage Drive)</i>		
<b>Parking Card - Academic Affairs</b> <i>(COM Dean's Office)</i>		
<b>Registrar</b> <b>Turn in UAMS ID Badge and Form</b> <i>(COM Dean's Office, Room 1021)</i> <b>Last Stop!!</b>		

**Certification:**

I certify that I have turned in all University supplies and equipment and have paid or arranged to pay all monies and accounts due.

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature**