



University of Arkansas
College of Medicine

Clearance Certificate

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

NAME		
(Please Print)	Last	First Middle
Reason for Clearance:		
Graduating <input type="checkbox"/>	Withdrawing <input type="checkbox"/>	Other <input type="checkbox"/>
Forwarding Address: _____		
	Date	Authorized Signature
UAMS Police Dept. (800 Cottage Drive)		
Student Activity/Housing 4601 West Markham Student Residence Hall		
Financial Aid Office (COM Dean's Office, Room 1008)		
Parking Card – Academic Affairs (COM Dean's Office)		
Registrar Turn in UAMS ID Badge (COM Dean's Office, Room 1021) Last Stop!!		

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**