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: _____

_____

	DATE	Authorized Signature
UAMS Police Dept. *(800 Cottage Drive)*		
Parking Card - Academic Affairs *(COM Dean's Office)*		
Patient Accounts *(1st Floor, Westmark Building across Markham)*		
Registrar **Turn in UAMS ID Badge and Form** *(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**