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 _____

	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**