

SECTION II: CERTIFICATION BY COLLEGE OFFICIAL

INSTRUCTIONS TO REGISTRAR: Please complete the following section, sign, date and affix your institution's seal. Please attach a copy of the applicant's transcripts and forward in an official envelope directly to the address listed at the bottom of this page.

I certify that the information on this form and submitted in support of this application is true and correct according to our records.

Signature _____

Date _____ / _____ / _____
mo. day yr.

Name and title _____
Type or Print

Address _____

Telephone (_____) _____ - _____

(SEAL of INSTITUTION)

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New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Veterinary Medicine Unit, State Education Building, 89 Washington Avenue, Albany, New York 12234-1000