

Creighton
UNIVERSITY
Medical Center

School of Medicine – Omaha, Nebraska

July 2007

Nebraska Motor Vehicle Department:

This letter is to verify that _____ is currently a full-time medical student in good standing at Creighton University School of Medicine. (Must show Creighton ID card to validate)

The above named student is in his/her 1 2 3 4 year of a four year study.

If there is any additional information you might need, please do not hesitate to contact this office.

Sincerely,



Michael G. Kavan, Ph.D.
Associate Dean for Student Affairs

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Motor Vehicle Department 444-7103

Branch locations:

1819 Farnam St., Room H02	(7:30 – 4:30 M-F)
411 N. 84 St. (Midtown)	(8:00 – 5:00 M-F)
2910 N. 108 th St. (Maple)	(8:00 – 5:00 M-F)
5306 S. 136 th St. (Millard)	(8:00 – 5:00 M-F)
7414 N. 30 th St. (North)	(8:00 – 5:00 M-F)
4107 S. 24 th St. (South)	(8:00 – 5:00 M-F)