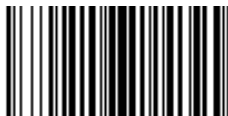




EDUCATIONAL COMMISSION FOR
FOREIGN MEDICAL GRADUATES

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Nov 8, 2021

Name of Record: Costa Lacloud
Name on Credential: Costa Lacloud


Date of Birth: Jun 5, 2001
ECFMG ID: ECFMG-00000076

The individual identified on this form has authorized ECFMG to contact your institution to request verification of the attached credential(s). Please complete the appropriate section of this verification form to certify whether you are able to confirm that this credential is authentic and correct, and return the completed form as well as the attached credential directly to ECFMG. If the above Names and/or Date of Birth do not match your records, please notify ECFMG.

I hereby certify that the attached credential is authentic and correct, and that I am authorized to certify this on behalf of my institution.

CERTIFY	_____ Signature	_____ Date of signature
	_____ Printed name	 Place Official Seal/Stamp above, if applicable
	_____ Job title at institution	
	_____ Name of institution	
	_____ E-mail address at which you can be contacted	

I cannot certify that the attached credential is authentic and correct due to the following reason(s) (attach additional sheet(s) if necessary):

CANNOT CERTIFY	_____ Signature	_____ Date of signature
	_____ Printed name	 Place Official Seal/Stamp above, if applicable
	_____ Job title at institution	
	_____ Name of institution	
	_____ E-mail address at which you can be contacted	

If you have any questions about this verification form, please contact ECFMG at deansbox@ecfmg.org.