

Academic Records Request Form
Transcripts, Enrollment Verifications, General Requests

A student's transcript includes ONLY the academic record accumulated at the University of North Texas Health Science Center.
 OFFICIAL copies of transcripts from other institutions CANNOT be furnished.
 Questions regarding data collected may be directed to the Registrar. (HB 1922)

Student ID OR Social Security Number		Date of Birth	<u>Program</u> <input type="checkbox"/> Texas College of Osteopathic Medicine <input type="checkbox"/> Graduate School of Biomedical Sciences <input type="checkbox"/> School of Public Health <input type="checkbox"/> School of Health Professions (PA & DPT) <input type="checkbox"/> System College of Pharmacy
Last Name	First Name	Middle Name	
Email Address		Daytime Telephone Number	
Other Names Used While Enrolled at HSC		Graduating Year	

<p><u>I would like to request:</u></p> <input type="checkbox"/> Official Transcript <i>NOT delivered via fax or email</i> Number of Copies: _____ <input type="checkbox"/> Unofficial Transcript Number of Copies: _____ <input type="checkbox"/> Enrollment Verification Semester: _____ <input type="checkbox"/> COMLEX / USMLE Board Score Verification <i>(TCOM only)</i>	<input type="checkbox"/> Dean's Letter / MSPE <i>(TCOM only)</i> <input type="checkbox"/> Other Document: _____ _____ _____	<p><u>Special Instructions:</u></p> <input type="checkbox"/> Hold my transcript for final grades (please specify which course or semester): _____ <input type="checkbox"/> Hold my transcript for the degree to be posted. <input type="checkbox"/> Include the attached document with the transcript. <input type="checkbox"/> Other: _____ _____ _____ _____
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<u>Delivery Method:</u>	
<input type="checkbox"/> I would like to pick up my documents in person. <i>(Please bring a photo ID to the front desk of Student and Academic Affairs for document pick up.)</i>	<input type="checkbox"/> Fax to: Attn: _____ Fax Number: _____
<input type="checkbox"/> Mail to: _____ _____ _____ _____	<input type="checkbox"/> Email to: _____ _____

I certify that I am the person whose name appears on the name line of this form, and do hereby authorize release of my academic records via the method listed above.

Signature _____

Date _____

Please allow 24-48 hours for processing. Enrollment verifications will not be processed until after the census date.

For Office Use Only