



Academic Records Request Form

Unofficial Transcripts, Enrollment Verifications, and General Record Requests

Questions regarding data collected may be directed to the Registrar. (HB 1922)

School:

- Texas College of Osteopathic Medicine
- School of Biomedical Sciences
- School of Public Health
- School of Health Professions (PA, PT, Lifestyle Health)
- System College of Pharmacy

Graduation Year: _____

First, Middle, and Last Name *

Date of Birth *

Student ID Number *

E-mail Address *

Other Names Used While Enrolled at HSC

Phone Number *

I would like to request:

- Dean's Letter/ MSPE (TCOM Only)
- COMLEX/USMLE- Board Score Verification (TCOM Only)
- Unofficial Transcript (*Official Transcripts see Parchment*)
- Other Request:
- Enrollment Verification
- Special Letter Request (Letter of Enrollment or Good Standing)
Please include specifics in Letter Details Textbox

Letter Details: _____

Delivery Method:

- I would like to pick up my documents **in person.**
(Please bring a photo ID to the Registrar's Office Suite 240 of Student Service Center for document pick up.)

Fax to Attn:

Fax Number: _____

- Mail to: (please include complete address)

E-mail to: _____

Name

Address

Address 2

City, State, Zip

Country

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: _____