



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 Graduation Year: _____

College of Biomedical and Translational Sciences

College of Public Health

College of Health Professions (PA, PT, Lifestyle Health)

System College of Pharmacy

College of Nursing

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 (For letters of good standing for a **TCOM Rotation**, please email clincaleducation@unthsc.edu)*

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: