

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
- ☐ 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

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 (For letters of good standing for a **TCOM Rotation**, please email clinicaleducation@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: _____