



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 *

Chosen Name:

Preferred Pronoun:

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.)
- Mail to: (please include complete address)
Name
Address
Address 2
City, State, Zip
Country
- Fax to Attn:
Fax Number:
- E-mail 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: _____