



# TRANSCRIPT REQUEST FORM

TMSAS ID: \_\_\_\_\_

AAMC ID (if applicable): \_\_\_\_\_

Applying for Entry Year:  2017  2018

## STUDENT INFORMATION:

Last Name: \_\_\_\_\_

First and Middle Name: \_\_\_\_\_

Other Last Names (if different from above): \_\_\_\_\_

Student ID: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

Degrees Earned: \_\_\_\_\_

## **Dear Registrar:**

I hereby request you forward my official transcript(s) to TMSAS at the following address. Please attach this form to my official transcript(s).

### **Mailing Address:**

Texas Medical and Dental Schools Application Service  
Attn: Transcripts  
P.O. Box 2175  
Austin, TX 78768

**OR**

### **Street Address (for package delivery e.g. Fed Ex):**

Texas Medical and Dental Schools Application Service  
210 W. 6<sup>th</sup> Street  
Room # B.140E  
Austin, TX 78701

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please enclose this form with the applicant's official transcript(s).**

A transcript will be rejected by TMSAS under any of the following conditions:

- The transcript was printed more than a year ago
- The Registrar's seal and/or signature is missing
- The transcript is not in a sealed envelope from the Registrar
- The transcript is for the wrong student, or the name of the transcript differs from that on the transcript request form
- The transcript is illegible