UNT | HEALTH SCIENCE CENTER

Academic Records Request Form

Transcripts, Enrollment Verifications, General Requests

University of North Texas Health Science Center
Office of the Registrar, EAD 244
3500 Camp Bowie Blvd.
Fort Worth, TX 76107-2699
(817) 735-2201 / Fax (817) 735-0448
registrar@unthsc.edu

A student's transcript includes ONLY the academic record accumulated at the University of North Texas Health Science Center.
OFFICIAL copies of transcripts from other institutions CANNOT be furnished.
Questions regarding data collected may be directed to the Registrar. (HB 1922)

Student ID OR Social Security Number			**Program**
Last Name	First Name	Middle Name	☐ **Texas College of Osteopathic Medicine** ☐ **Graduate School of Biomedical Sciences** ☐ **School of Public Health**
Date of Birth	Daytime Telephone Number		☐ **School of Health Professions (PA & DPT)** ☐ **System College of Pharmacy**
Other Names Used While Enrolled at UNTHSC			Graduating Year

I would like to request:

☐ **Official Transcript**
NOT delivered via fax or email
Number of Copies:_____

☐ **Unofficial Transcript**
Number of Copies:_____

☐ **Enrollment Verification**
Semester: _____

☐ **COMLEX / USMLE Board Score Verification**
(*TCOM only*)

☐ **Dean's Letter / MSPE**
(*TCOM only*)

☐ **Other Document**:
_____
_____
_____
_____
_____
_____

Special Instructions:

☐ Hold my transcript for **final grades** (*please specify which course or semester*): _____

☐ Hold my transcript for the **degree** to be posted.

☐ Include the **attached document** with the transcript.

☐ **Other:** _____
_____
_____
_____
_____

Delivery Method:

☐ I would like to pick up my documents **in person**.
(*Please bring a photo ID to the front desk of Student Affairs for document pick up.)*

☐ **Mail** to: _____
_____
_____
_____
_____

☐ **Fax** to:
Attn:_____
Fax Number: _____

☐ **Email** 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**

Please allow 24-48 hours for processing. Enrollment verifications will not be processed until after the census date.

For Office Use Only

Date request completed _____