TRANSCRIPT REQUEST

University of North Texas Health Science Center
Office of the Registrar, EAD 247
3500 Camp Bowie Blvd.
Fort Worth, TX 76107-2699

(817) 735-2201 / Fax (817) 735-0448

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.

(PLEASE PRINT)

Student ID OR Social Security Number	Last Name First Name Middle Name
Date of Birth	Daytime Telephone Number
Today's Date	Other Names Used While Enrolled at UNTHSC

Program

- ☐ **GSBS**
- ☐ **SPH**
- ☐ **TCOM-DO** **Class of _____**
- ☐ **SHP-PA** **Class of _____**
- ☐ **SHP-PT** **Class of _____**

Number of Copies

_____ Official _____ Unofficial

_____ E.R.A.S. Official Copy

Special Instructions

Hold for:

- ☐ **Class Rank**
- ☐ **Comlex Scores**
- ☐ **Degree Posting**
- ☐ **Final Grades**
- ☐ **Separately Sealed Envelopes**
- ☐ **Grade Change (Semester_____)**
- ☐ **"I" Removal (Semester_____)**
- ☐ **Other: _____**

Please print plainly the name, address, and zip code of person to receive transcript.
(USE A SEPARATE FORM FOR EACH ADDRESSEE)

_____

_____

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☐ **I wish to pick up my transcript in person**

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 to the address listed above.

_____

Signature

Please allow 24 hours for transcript processing.

For Office Use Only

Date request completed _____