OFFICIAL TRANSCRIPT REQUEST for ERAS Upload

Rev 2013Sept11



Health Science Campus Mulford Library, Room 114 Mail Stop 1041 Toledo, OH 43614 Phone: 419.383.3600 Fax: 419.383.4003 HSCregistrar@utoledo.edu

College of Medicine M4 Students

- Please complete this form to request release of your academic transcript for uploading to ERAS. All Graduate and Medical coursework will be included. Undergraduate coursework at The University of Toledo, if any, will not be included.
- Before submitting this form, it is your responsibility to verify there are no transcript holds on your account. Please check the portal at http://myut.utoledo.edu or inquire at the Student Service Center or Office of the Registrar on the Health Science Campus if you are unsure of the status of your account.
- Transcripts will be released as-is, so please verify your transcript through the myUT portal before submitting this form. Be sure "DF" grades are resolved.
- Do not use the online transcript service for submitting your transcript to ERAS.
- Your transcript will be uploaded only with your written authorization.
- If there are changes to your transcript after the initial upload to ERAS, and you wish to have those changes reflected in ERAS, you must submit a new transcript request form authorizing release of your updated transcript.

Student Information/Authorization Please Print Legibly.				
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ROCKET	ID# (SSN if R# i	unknown)		
Name	(Last,	First	Middle)	
Street Ad	dress			
City/State	/ZIP			
Phone				Personal E-Mail (for contact purposes)
Your t	ranscript	cannot be re	eleased withou	ut your signature.
		above-named stu cademic record to		ce with FERPA, I hereby give my written consent and authorize The University of To-
x				Date:

Your official transcript will be forwarded to the Office of Student Affairs for uploading to ERAS.

Please allow 3-5 business days for processing.