OFFICIAL TRANSCRIPT REQUEST
for Medical Residency Applications

Rev 2024May24

College of Medicine and Life Sciences
Doctor of Medicine M4 Students

- **Please complete this form and forward to HSCRegistrar@utoledo.edu to request release of your academic transcript for uploading to medical residency applications.**

- All Graduate and Medical coursework will be included. Undergraduate coursework at UToledo, if any, will not be included.

- Transcripts will be released as-is; verify your transcript through the myUT portal before submitting this form. Verify "DF" grades are resolved.

- It is your responsibility to verify there are no transcript holds on your account. Please check the myUT portal or inquire at Health Science Campus Student Service Center if you are unsure of the status of your account.

- Do not use the online transcript service for submitting your transcript.

- Your transcript will be uploaded only with your written authorization.

Student Information/Authorization

Rocket ID Number
_____

Name   (Last,   First   Middle)
_____

Street Address
_____

City/State/ZIP
_____

Phone   UToledo E-Mail (for contact purposes)

Your transcript cannot be released without your signature.

I affirm that I am the above-named student. In compliance with FERPA, I hereby give my written consent and authorize The University of Toledo to release my academic record to the Medical Residency Application Service.

X _____   Date:_____

Your official transcript will be forwarded to the Office of Student Affairs for uploading to the Medical Residency Application. Please allow 3-5 business days for processing.