## OFFICIAL TRANSCRIPT REQUEST for NABP Upload



Office of the Registrar

Rocket Hall, Room 1100 Mail Stop 322 Toledo, OH 43606 Phone: 419.530.4845

Fax: 419.530.4828 Transcripts@utoledo.edu

Main Campus

Rev 2021Apr16

Date:

## College of Pharmacy and Pharmaceutical Sciences Doctor of Pharmacy Program

- Please complete this form and forward to Transcripts@utoledo.edu to request release of your academic transcript to the National Association of Boards of Pharmacy. All coursework at The University of Toledo will be included.
- Your academic transcript will be uploaded only after your degree has been posted.
- It is your responsibility to verify there are no transcript holds on your account. Please check the myUT portal at http://myut.utoledo.edu or inquire at Rocket Solution Central or the 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 to NABP.

\_\_\_\_\_

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

## **Student Information/Authorization**

X

Rocket I	D Number			
Name	(Last,	First	Middle)	
Street Ac	ldress			
City/State	e/ZIP			
Phone				Personal E-Mail (for contact purposes)
Varia				
				out your signature.
				ce with FERPA, I hereby give my written consent and authorize The University ssociation of Boards of Pharmacy.

Your official transcript will be forwarded to the College of Pharmacy and Pharmaceutical Sciences for uploading to the National Association of Boards of Pharmacy.