

REQUEST FOR TRANSCRIPT AND/OR DEAN'S LETTER

*** PLEASE FILL OUT COMPLETELY WITH SIGNATURE***

E-MAIL COMPLETED FORMS TO STUINFO@UTSouthwestern.edu

- Complete one form for each mailing address.
- There is no charge for sending a verification.
- Transcripts will NOT be released without a signature.
- Transcripts will not be faxed from out office.

*** Please allow 5 business days for processing ***

Student ID #:	<input style="width: 90%;" type="text"/>	<u>Classification</u>	<u>School</u>
		Student	Medical Health ProfessionS <small>(formerly Allied Health)</small>
Date of Birth:	<input style="width: 90%;" type="text"/>	Alumnus	Graduate O' Donnell School of Public Health Nurse Practitioner/Midwifery
Phone #:	<input style="width: 90%;" type="text"/>	Semester / Dates of Attendance: _____ to _____	
Name (Last, First Middle):	<input style="width: 95%;" type="text"/>		
Previous Name (if different from above):	<input style="width: 95%;" type="text"/>		

Number of Transcripts Requested **NOTE: IF REQUESTING MORE THAN 5 TO BE SENT TO DIFFERENT ADDRESSES, MAILING LABELS MUST BE PROVIDED.**

Number of Dean's Letter Copies Requested *(Applicable ONLY to Medical student/alumnus)*

Signature: _____

Date: _____

NOTE: VERIFICATIONS WILL NOT BE RELEASED WITHOUT A SIGNATURE.

With few exceptions, you are entitled on your request to be informed about the information UT Southwestern collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have UT Southwestern correct information about you that is held by us and that is incorrect, in accordance with procedures set forth in the University of Texas System Business Procedures Memorandum 32. The information that UT Southwestern collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. Of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

PICK UP from the Registrar's Office located in the Bryan M. Williams Student Center (MA 2.200)

Mail transcript to:

To:

Address:

City: State: ZIP Code:

SPECIAL INSTRUCTIONS

ERAS Transcript *(Applicable ONLY to Medical student/alumnus)*

Hold for grade change:

Hold for final grades posted at the end of this semester

Hold for posting of degree

Other