

Office of Enrollment Services 5323 Harry Hines Blvd. Dallas, Texas 75390-9096 (214) 648-3606 Phone (214) 648-3289 Fax

REQUEST FOR TRANSCRIPT AND/OR DEAN'S LETTER

- Please provide mailing labels if we are sending more than 5 items to different addresses
- Complete one form for each mailing address.
- There is no charge for sending a transcript.
- Transcripts will not be released without a signature.
- Transcripts will not be faxed from our office

* Please allow 5 business days for processing *

Student ID #: Student Medical Health Professions (formerly Allied Health Professions) Alumnus Graduate Nurse Practitioner/Midwifery Phone #: Semester / Dates of Attendance: Name (Last, First Middle): Previous Name (if different from above): Number of Transcripts Requested Note: Please Provide Mailing Labels if We are Sending
Phone #: Semester / Dates of Attendance: Name (Last, First Middle): Previous Name (if different from above):
Name (Last, First Middle): Previous Name (if different from above):
Previous Name (if different from above):
Number of Transcripts Requested NOTE: PLEASE PROVIDE MAILING LARGES IF WE ARE SENDING
MORE THAN 5 ITEMS TO DIFFERENT ADDRESSES
Number of Dean's Letter Copies Requested (Applicable ONLY to Medical student/alumnus)
Signature NOTE: TRANSCRIPTS WILL NOT BE RELEASED WITHOUT A SIGNATURE. Date 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 necorrect, 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 equired 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 Office of Enrollment Services located in the Bryan M. Williams Student Center
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