



TRANSCRIPT REQUEST FORM

TMSAS ID: _____

AAMC ID (if applicable): _____

Applying for Entry Year: 2012 2013

STUDENT INFORMATION:

Last Name: _____

First and Middle Name: _____

Other Last Names (if different from above): _____

Student ID: _____

Dates of Attendance: _____

Degrees Earned: _____

Dear Registrar:

I hereby request you forward my official transcript(s) to TMSAS at the following address. Please attach this form to my official transcript(s).

TMSAS, ATTN: Transcripts

Texas Medical and Dental Schools Application Service
702 Colorado, Suite 6.400
Austin, TX 78701

Signature

Date

Please enclose this form with the applicant's official transcript(s).

A transcript will be rejected and possibly returned by TMSAS under any of the following conditions:

- The transcript is more than a year old
- The Registrar's seal and/or signature is missing
- The transcript is stamped "Issued to Student" or "Student Copy" etc.
- The official transcript is for the wrong student, or the name of the transcript differs from that on the transcript request form
- The official transcript is illegible