

REQUEST FOR FILE DOCUMENTS

Instructions

1. **Do not use this form to order transcripts.** Please go to www.getmytranscript.com and select Temple University.
2. This form should be printed and will accompany requested material. PRINT LEGIBLY or TYPE.
3. Use a different form for each addressee. BE SURE TO CHECK ADDRESS FOR ACCURACY.
4. **Failure to complete all items may delay processing of your request.**
5. Allow at least 5 days for delivery. Requests are filled in the order received.

PRINT Name _____ TUID: _____ Date _____

Telephone _____ Signature _____ (authorization to release records)

Fill In Category:
Current Student, Class of _____
Graduate, Class of _____
WD/LOA/Former Student _____
(date last attended)

Check Off Items to be Sent:

| | | |
|-------|---|------------------|
| _____ | School Certified Board Scores* | (\$1.00 per set) |
| _____ | 3 rd Year Clinical Evaluations | (no charge) |
| _____ | Class Rank (reported in fifths) | (no charge) |
| _____ | Enrollment Verification (current students only) | (no charge) |
| _____ | Degree Verification | (no charge) |

PRINT Recipient's Name and Address (Mailing Label)

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*School certified Nt'l Board Scores are not used for state Licensing – contact NBPME directly for official scores.

Indicate Action Desired:

_____ Send
_____ Hold for Pick Up: Paperwork VOID if Envelope Seal is Broken
_____ I authorize the following person to pick up my academic records:
PRINT NAME OF DESIGNEE: _____

Fee(s) Attached: \$ _____ Cash Check Money Order (payable to TUSPM)

PRINT Your Name and Address (Mailing Label)

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Office Use Only

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|--------------------|----|
| Date Rc'd: | |
| Date Processed: | |
| Amount Rc'd | \$ |
| Pre-Pd Bal. Avail. | \$ |