

Original
 Yellow
 Pink

Sent with Transcript
 Office copy
 Sent to Student After Processing

REQUEST FOR FILE DOCUMENTS

Instructions

1. This form will accompany requested material. PRINT LEGIBLY or TYPE.
2. Use a different form for each addressee. BE SURE TO CHECK ADDRESS FOR ACCURACY.
3. **Failure to complete all items may delay processing of your request.**
4. Allow at least 7 days for delivery. Requests are filled in the order received.
5. A receipt will be mailed to you once paperwork is processed.
6. **Transcripts will not be issued for anyone financially obligated to the college.**

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:	_____ Official Transcript	(\$6.00 per transcript)
	_____ Unofficial Transcript	(\$6.00 per transcript)
	_____ School Certified Board Scores*	(\$1.00 per set)
	_____ 3 rd Year Clinical Evaluations	(no charge)
	_____ Class Rank (reported in fifths)	(no charge)

PRINT Recipient's Name and Address (Mailing Label)

*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 or Money Order // (payable to TUSPM) // Voucher //

PRINT Your Name and Address (Mailing Label)

Office Use Only	
Date Rc'd:	
Date Processed:	
Amount Rc'd	\$
Pre-Pd Bal. Avail.	\$