

Please complete all information below as incomplete forms will result in processing delays.
Payment by check, money order or credit card for each request must accompany this form.

Student ID or SSN		Date of Birth	Contact Phone (very important)	
Last Name	First Name	Middle Name	Former Name (s)	
Current Mailing Address (required)		City	State	Zip
E-Mail		Attended from: Term/Year to		Term/Year
Degree Received and Date		School/Program Attended (i.e.: Graduate Nursing, Medical School etc.)		

I authorize OHSU to release my transcript and **accept payment as indicated below.**

Student Signature (required - unsigned requests will not be processed)

Date

Handling Fees:

Each Transcript ordered 48 hours in advance	15.00	Copies of Dean's Letter (M.D.'s Only)	10.00
Each Transcript ordered, same day service*	20.00	Certified Copy of Diploma*** (please read below)	10.00
Each Faxed or E-mail Copy**	20.00		

OHSU cannot release transcripts from other schools. Records will not be released if there is a financial hold on your account.

* Same day service is only a commitment to provide an official transcript or certified copy of a diploma to the student or mail it on the day it is ordered. The order must be received in the Registrar's Office by 2:30 p.m. to be eligible for same day service.

***OHSU has retained copies of diplomas for MD graduates since 1996 and DMD graduates since 2011. All others must provide a copy of the diploma, which we will certify to be true.

Special Handling: (optional)

- Send after grades are posted: (term and year or course #) _____
- Send after Degree or Completion Statement is noted: (term and year) _____
- Other: _____

Send To:

<input type="checkbox"/> Send (ordered 48 hrs in adv.)	<input type="checkbox"/> Send now (same day rush service)
<input type="checkbox"/> Pick up (ordered 48 hrs in adv.)	<input type="checkbox"/> Pick up (same day rush service)
Address Line 1	
Address Line 2	
City/State/Zip	
Number of Transcripts to this Address: _____	
Number of Cert .Diplomas to this Address: ***read above _____	
Number of Dean's Letters to this Address: (MD only) _____	

<input type="checkbox"/> Send (ordered 48 hrs in adv.)	<input type="checkbox"/> Send now (same day rush service)
<input type="checkbox"/> Pick up (ordered 48 hrs in adv.)	<input type="checkbox"/> Pick up (same day rush service)
Address Line 1	
Address Line 2	
City/State/Zip	
Number of Transcripts to this Address: _____	
Number of Cert .Diplomas to this Address: ***read above _____	
Number of Dean's Letters to this Address: (MD only) _____	

- Attach Check/Money Order payable to OHSU
- Credit Card - MasterCard or Visa only - include credit card number and expiration date.

Card #: _____

Expiration date: _____

Total Amount: _____

- Fax **
- E-Mail as a pdf**

Attn: _____

Fax or E-mail _____

**It is the responsibility of the student to ensure the receiving institution will accept a faxed or e-mailed transcript. OHSU is not responsible for the readability transmission or for ensuring the receiving institution accepts the document.