

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, Dean's letter 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 - please verify accuracy of information below:

Card #: _____

Expiration date: _____

Billing address for this CC: check same as above or:

Street # _____ Zip: _____

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.