



Dental School Official Transcript Request Form

Current Name \_\_\_\_\_ Social Security \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
Last, First, M.I.

Name while at OHSU (if different from above) \_\_\_\_\_
Last, First, M.I.

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone: Work \_\_\_\_\_ Home \_\_\_\_\_ Email \_\_\_\_\_

Graduation Date \_\_\_\_\_ Program(s) of Enrollment \_\_\_\_\_

Number Transcripts Requested \_\_\_\_\_

Please send my transcript(s) to:

- 1) \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
2) \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Mail request to:
OHSU School of Dentistry
Dental Registrar - Transcripts
611 S.W. Campus Drive, Room 214
Portland, OR 97239-3097

Use back of form for additional addresses.

Transcripts are \$5.00 for the first and \$1.00 for each additional transcript, per transcript order. Please make check payable to OHSU. Effective January 2010 the cost for official transcripts will increase to \$12 per transcript. Transcript orders will no longer be fulfilled by the School of Dentistry but by the University Registrar (www.ohsu.edu/registrar).

Enclosed is \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_