



Registrar's Office
3181 SW Sam Jackson Park Rd. L109
Portland, OR 97239
Phone: 503-494-7800
Fax: 503-494-4629
Email: regohsu@ohsu.edu

School of Medicine ERAS Transcript Request Form

The first ERAS (Electronic Residency Application Service) transcript is free. For subsequent requests, order through the student information system: <https://www.ohsu.edu/education/student-self-service>

Student ID: _____ Date of Birth: _____

Last Name: _____ First Name: _____

Middle Name: _____ Former Name(s): _____

Contact Phone (required) : _____

Contact E-Mail: _____

I authorize OHSU to release my transcript records to my Designated Dean's Office as determined by ERAS, and authorize additional releases as needed for residency matching purposes. I understand that if I wish to revoke this authorization I must do so in writing to the Registrar's Office before match day.

Student Signature (required – unsigned requests cannot be processed)

Date

ERAS transcripts will be sent to Designated Dean's Office representative for them to upload in to ERAS. The current Designated Dean's Office representative is Kaitlin Seymore.