



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 Residency Application Transcript Request Form

The first Residency Application transcript is free. For subsequent requests, order through Parchment:
<https://www.parchment.com/u/registration/3056475/institution>.

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 the various residency application services, 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

Residency application transcripts will be sent to Designated Dean's Office representative for them to upload into the application service(s) checked below. The current Designated Dean's Office representative is Kaitlin Seymore. Check application service(s) you are applying to:

- Central Application Service
- ERAS
- Military
- Ophthalmology
- ResidencyCAS