



# Texas Medical & Dental Schools Application Service

## TRANSCRIPT REQUEST FORM

**TMDSAS ID:** \_\_\_\_\_

**AAMC ID (if applicable):** \_\_\_\_\_

**Applying for Entry Year:** \_\_\_\_\_

I am an applicant that meets at least one of the following conditions:

Applying through a program with an expedited timeline

Have completed foreign coursework

Have enrolled in a Texas undergraduate institution under the Academic Fresh Start Provision

**STUDENT INFORMATION:** \_\_\_\_\_

Last Name: \_\_\_\_\_

First and Middle Name: \_\_\_\_\_

Other Last Names (if different from above): \_\_\_\_\_

Student ID: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

Degrees Earned: \_\_\_\_\_

### **Dear Registrar:**

I hereby request you forward my official transcript(s) to TMDSAS at the following address. Please attach this form to my official transcript(s).

#### **Mailing Address:**

Texas Medical and Dental Schools Application Service  
Attn: Transcripts  
P.O. Box 2175  
Austin, TX 78768

**OR**

#### **Street Address (for package delivery e.g. Fed Ex):**

Texas Medical and Dental Schools Application Service  
210 W. 7<sup>th</sup> Street  
Austin, TX 78701

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please enclose this form with the applicant's official transcript(s).**

A transcript will be rejected by TMDSAS under any of the following conditions:

- The transcript was printed more than a year ago
- The Registrar's seal and/or signature is missing
- The transcript is not in a sealed envelope from the Registrar
- The transcript is for the wrong student, or the name of the transcript differs from that on the transcript request form
- The transcript is illegible