Baylor College of Medicine

OFFICE OF THE REGISTRAR
Transcript Request

You must print the form and follow the directions below. Leaving requested information blank may result in processing delays. This is not an electronic form. If you are requesting more than two transcripts, please attach an additional sheet.

Please allow 2 business days, once received in our office for processing. To receive a transcript, you must not have an outstanding balance.

STUDENT INFOMRATION

BCM ID Number: _____

Dates of attendance: _____ Academic Program: ☐MD ☐GRAD ☐ PA ☐DNP ☐MSOP ☐Trop. Medicine
First month/year Last month/Year

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Other Names/Maiden Name: _____

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email Address: _____

TRANSCRIPT HANDLING INFORMATION: Please note, transcripts picked up by the student are stamped "Issued to Student."

☐ **Student pick up** ☐ **Mail** **(Please complete the address information)**

Number of Copies: _____ _____
Official (sealed envelope) Unofficial

Mail To: Address 1

_____

_____

_____

_____
City State Zip

Select one: ☐Hold for grades ☐Hold for degree

☐ **Student pick up** ☐**Mail** **(Please complete the address information)**

Number of Copies: _____ _____
Official (sealed envelope) Unofficial

Mail To Address 2:

_____

_____

_____

_____
City State Zip

Select one: ☐Hold for grades ☐Hold for degree

Student Signature: _____ Date: _____

Your signature on this form authorizes the release of your transcript as well as our ability to communicate with you about this request via e-mail or phone. Forms without signatures will not be processed. Students are responsible for providing accurate address information for recipients.

Submit completed request to the Office of the Registrar
One Baylor Plaza M210, Houston, TX 77030
Fax: (713) 798-1518
Email: registrar@bcm.edu

For Office Use Only: Date Received/Initials: _____ Student Initials if picked up: _____

Date Processed/Initials: _____ Date: _____