

DMS REGISTRAR'S OFFICE TRANSCRIPT REQUEST FORM

(Year 4 students applying to residency programs must use a different form)

Name _____

Signature _____ Date _____

Program (circle one) MD MPH

Graduation Year _____

Please release my DMS academic transcript as follows:

OFFICIAL TRANSCRIPT

An official transcript bears the Registrar's signature and seal, is printed on security paper and is issued in a sealed envelope.

UNOFFICIAL TRANSCRIPT

An unofficial transcript does not bear the Registrar's signature or seal and is printed on plain paper.

I plan to pick up the transcript, please e-mail when ready.

Please mail to:

If you wish to designate another person to pick up your transcript, identify the person here:

**Return Completed Form to: Dartmouth Medical School
Office of the Registrar-7090
1 Medical Center Drive
Lebanon, NH 03756**