

# Transcript & Board Score Request Form

Please Print Clearly

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Graduation date /approximate dates of attendance: \_\_\_\_\_

<b>Transcripts</b>	Official Transcript	Unofficial Transcript
Number of Copies:		

<b>Board Scores</b>	Number of Copies

If you choose to have them mailed please complete the following:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If you choose to have them faxed please complete the following:

Fax number: \_\_\_\_\_

Recipient's name: \_\_\_\_\_

Check if transcript and or board scores will be picked up

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Mandatory for release of Transcript(s) and Board Scores*

Please fax or mail the completed form to:  
**Office of Student Academic Services**  
**Ohio College of Podiatric Medicine**  
6000 Rockside Woods Blvd.  
Independence, OH 44131  
Fax: 216-447-0626