



UMKC SCHOOL OF MEDICINE TRANSCRIPT RELEASE FORM

Student Name: _____ **Student ID:** _____

Anticipated Date of Graduation: _____

General Information: In the months leading up to graduation, the School of Medicine participates in facilitating licensure processing and finalization of the official student record. Official university-issued transcripts are necessary to complete both licensure applications and the student record. The university requires a student's authorization for the School of Medicine to obtain official transcripts. This form documents authorization for the school to obtain a student's official transcript for licensure and record purposes.

Instructions: Complete this form and return it as indicated ***no later than April 15th*** of your anticipated year of graduation. Forms may be delivered in person to the Council on Evaluation in the School of Medicine (SOM M1-214), faxed to 816-235-6613 or emailed *as a pdf document* to dockweilerc@umkc.edu.

I, _____ authorize the UMKC School of Medicine to request
(print name)
and obtain copies of my official university transcript in order to facilitate licensure processing and finalization of my student record. I understand the transcripts obtained by the school will not be used for any purpose other than those detailed on this form.

Signature: _____

Date: _____