



REQUEST FOR OFFICIAL ACADEMIC TRANSCRIPT: ELECTRONIC UPLOAD

A current student may authorize the release of their official academic transcript by completing this form with an **original** signature. The official transcript will not be released in the event of outstanding financial or other obligations to the institution.

Name: _____
(Last name while enrolled at MCW) (First name) (Middle name)

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail address: _____

Date of Birth: _____ Date of Graduation: Month _____ Year _____

Special Handling (check all that apply):

_____ Please hold request until _____ grade is posted.

_____ Please hold request until degree is posted.

_____ Please complete attached documents pertaining to my academic record and include with transcript.

Please include Dean’s Letter/Medical Student Performance Evaluation (MSPE) with transcript.

_____ Other: _____

Send Transcript to (check all that apply):

Electronic Residency Application Service (ERAS)

San Francisco Match Application Service (SFMatch)

only for those interested in Neurosurgery, Ophthalmology or Plastic Surgery residencies.

Canadian Resident Matching Service (CaRMS)

Military Match (MODS)

Include email address: _____

Address: **Via Electronic Upload**

I hereby authorize the Medical College of Wisconsin to complete any attached documents pertaining to my academic record submitted with this form, and to process this request for an official academic transcript.

Signature (**required**): _____ Date: _____

Return this **signed** form in person to:
Medical College of Wisconsin
Office of the Registrar, M3125
8701 Watertown Plank Road
Milwaukee, Wisconsin 53226
(414) 955-8733

or Return this form by emailing a PDF of the **signed** form to acadreg@mcw.edu from your MCW email account.