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BCM ID: \_\_\_\_\_

STUDENT INFORMATION (Please Print)
NAME, LOCAL MAILING ADDRESS, DATE OF BIRTH, TELEPHONE NUMBER, EMAIL ADDRESS, ACADEMIC PROGRAM, DATES OF ATTENDANCE, GRADUATION DATE

HANDLING INFORMATION (Please Print)
Please note, transcripts picked up by the student are stamped "Issued to Student."
STUDENT PICKUP, MAIL, # OF COPIES, MAIL TO ADDRESS 1, MAIL TO ADDRESS 2, CITY, STATE, ZIP CODE, SELECT ONE, HOLD FOR GRADES, HOLD FOR DEGREE, 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:
Baylor College of Medicine, Office of the Registrar
One Baylor Plaza | Mail Stop: BCM365 | Houston, TX 77030
Phone: (713) 798-7766 | Fax: (713) 798-1518 | Email: registrar@bcm.edu

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