

THE UNIVERSITY OF TEXAS MEDICAL BRANCH
ENROLLMENT SERVICES
Service Request Form

SECTION A - INSTRUCTIONS: (PLEASE PRINT)

Provide information requested in Section A, then complete appropriate section(s) below.

Student ID Number: _____

First Name

Middle Name

Last Name

SECTION B – SERVICES OR SPECIAL REQUESTS

(Overnight Process- 24-48 hrs)

Certification of Enrollment (Certification will include all previous enrollment periods at UTMB)

For use if UTMB E-CONNECT is not available or if form needs to be attached

Please certify attached copy(ies) of diploma

Please complete attached licensure board form(s)

(Also include my transcript if required by the board)

*Dean's Letter (**Provide labels if more than one address**)

*Dean's Letter and Transcript (**Provide labels if more than one address**)

Special Request (Please describe) _____

*** Applies only to students who have graduated from the School of Medicine**

SECTION C – COPIES OF DOCUMENTS FROM YOUR FILE (*This information is released ONLY to the student)

(Overnight Process- 24-48 hrs)

I request a copy of transcripts from other school(s) attended, other than UTMB, as listed below:

* Note: Copies of transcripts from other institutions or test scores **cannot** be released to a third party

1. _____ 3. _____

2. _____ 4. _____

Please provide a copy of other information, as described below from my academic file:

Other: _____

SECTION D – RETRIEVAL METHODS

***ITEMS FOR PICK-UP WILL BE DESTROYED TWO (2) WEEKS FROM REQUESTED DATE IF NOT PICKED UP UNLESS SPECIAL ARRANGEMENTS ARE MADE.**

Please mail the listed information:

*I will pick-up this information (**PHOTO ID REQUIRED**)

*If addresses **are not** provided on attached form(s) or if letters are requested, provide addresses below:

1. _____ 2. _____

SECTION E – AUTHORIZATION

I authorize the Office of Enrollment Services to release the information requested above:

Telephone: (_____) _____

Signature: _____ Date: _____

Enrollment Services use only

Initials

Date

Revised 09/03