GEISEL SCHOOL REGISTRAR’S OFFICE
TRANSCRIPT REQUEST FORM
(Year 4 students applying to residency programs must use a different form)

Name_____________________________________________

Signature____________________  Date____________________

Program (circle one) MD MPH

Graduation Year_____________________________

Please release my Geisel School academic transcript as follows:

☐ OFFICIAL TRANSCRIPT
An official transcript bears the Registrar’s signature and seal, is printed on security paper and is issued in a sealed envelope.

☐ UNOFFICIAL TRANSCRIPT
An unofficial transcript does not bear the Registrar’s signature or seal and is printed on plain paper.

☐ I plan to pick up the transcript, please e-mail when ready.

☐ Please mail to:

____________________________________________________________
____________________________________________________________
____________________________________________________________

☐ If you wish to designate another person to pick up your transcript, identify the person here:

____________________________________________________________

Return Completed Form to: Geisel School of Medicine at Dartmouth
Office of the Registrar-7090
1 Medical Center Drive
Lebanon, NH 03756

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