



### **Transcript Request Form**

**Fax: 773-714-0631**

**8765 West Higgins Road, Suite 200  
Chicago, IL 60631-4174**

Today's Date: \_\_\_\_\_

*Transcript request is available through the NBOME Online Registration System. However, if you are a 1989 graduate or prior, please complete this request form and send it to the NBOME office.*

NBOME ID: \_\_\_\_\_

Name: \_\_\_\_\_  
*(Print) (Last) (First) (Middle) (Former/Maiden)*

Medical School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

*Please check your choice (Please note that ALL transcripts are sent via USPS first class mail)*

<input type="checkbox"/>	<b>Complete Transcript (Levels/Parts 1 through 3) Via USPS first class mail</b>	<b>\$50.00 per transcript</b>
<input type="checkbox"/>	<b>Alternative Delivery Service: FedEx</b>	<b>FedEx Service fee</b>

Send Transcript To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature for Scores Release: \_\_\_\_\_

Credit Card No: *(Visa or Master only)* \_\_\_\_\_

3 Digit Verification No *(back of the credit card)*: **(Required)** \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Official Use Only  
Order No: \_\_\_\_\_