Third Party Transcript Request Form

Please use this form to request a transcript if you are a third party working on behalf of a candidate. Please email, fax or mail to NBOME Client Services upon completing this form. Candidates must request transcripts through the NBOME Online Client Registration System.

NBOME ID: __________________________
Date of Birth (MM/DD/YY): __________________________

Name: __________________________
(Print) (Last) (First) (Middle) (Former/Maiden)

Medical School: __________________________
Year of Graduation: __________________________

Current Address: __________________________

Phone Number: __________________________
Email: __________________________

Complete Transcript (COMLEX-USA Levels 1, 2-CE, 2-PE & 3) $60.00 Per Transcript
Deliver via USPS first class; estimated delivery in 3 to 5 business days.

Alternative Delivery Service: Overnight (USA Only) $35.00 Per Shipment
Because of the large number of transcript requests the NBOME receives daily, we can only guarantee overnight delivery on orders received before Noon (central time) on a business day. All overnight delivery requests received after Noon (central time) will be sent on the following business day. No Saturday delivery.

Send Transcript To: __________________________
(if different from address above)

Signature for Transcript Release: __________________________

Name as it Appears on Credit Card: __________________________
Credit Card No: __________________________
(Visa, MasterCard, Discover Card or American Express)
3 or 4 Digit Security Code (CVV: (back of the credit card or front for American Express) (Required)
Expiration Date (MM/YY): __________________________

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