



# School of Medicine Residency Application Transcript Request Form

**Office of the Registrar** | Mail Code L-109 | 3181 S.W. Sam Jackson Park Rd. | Portland, OR 97239-3098  
503-494-7800 | 800-775-5460 | [www.ohsu.edu/registrar](http://www.ohsu.edu/registrar) | [regohsu@ohsu.edu](mailto:regohsu@ohsu.edu)

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The first Residency Application transcript is free. For subsequent requests, order through Parchment: <https://www.parchment.com/u/registration/3056475/institution>.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ OHSU E-mail: \_\_\_\_\_

I authorize my Designated Dean's Office, as determined by the various residency application services, to release and upload my transcript records to the application service(s) checked below. I authorize additional releases as needed for residency matching purposes. I understand that if I wish to revoke this authorization, I must do so in writing to the Designated Dean's Office before match day.

The current Designated Dean's Office representative is Kaitlin Seymore. I authorize Kaitlin Seymore to upload my residency application transcript(s) to:

(Check all that apply)

- ☐ Central Application Service
- ☐ ERAS
- ☐ Military
- ☐ Ophthalmology
- ☐ Residency CAS

Submit your completed form and any questions to Kaitlin Seymore at [seymore@ohsu.edu](mailto:seymore@ohsu.edu).

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**Student Signature**

**Date**