



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 | regohsu@ohsu.edu

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.

Student Signature

Date