

REQUEST FOR TRANSCRIPTS FOR RESIDENCY PROGRAMS

STUDENT NAME: _____ SID: _____

CELL NUMBER: _____

SPECIALTY YOU ARE APPLYING TO: _____

Please fill in all pertinent sections:

FREE - Transmission to ERAS Programs
Transcript will be uploaded into ERAS.

- Please upload my transcript by September 29th, 2021. ****Recommended****
- Please submit my transcript **after** September 29th, 2021. Send by _____.
- Please HOLD my transcript **until the following grade comes in:**

PLEASE NOTE: All requests for transcript transmission to ERAS must be made in writing using this form.

Any special instructions:

Student's Signature: _____ Date: _____

SUBMIT THIS FORM BY SEPTEMBER 29th, 2021 TO REGISTRAR@DOWNSTATE.EDU