



### TRANSCRIPT REQUEST FORM

**TO THE APPLICANT:** Complete this form and submit a copy to each institution you attended. If you need more than three request forms, please feel free to photocopy this sheet. Upon receipt of the official transcripts in a sealed envelope from the registrar, send the transcript directly to the designated VMCAS college(s). You are not required to use this form to request transcripts.

Full Legal Name: \_\_\_\_\_  
 Last First Initial Suffix

Name on Transcript \_\_\_\_\_  
 Last First Initial Suffix

Date of Birth: \_\_\_\_\_ Name of Institution: \_\_\_\_\_  
 Month Day Year

No. of Copies Requested: \_\_\_\_\_ Dates of Attendance: From: \_\_\_\_\_ to \_\_\_\_\_ Currently Enrolled? \_\_\_\_\_  
 Yes/No

Degree Received: \_\_\_\_\_

Signature: \_\_\_\_\_

**TO THE REGISTRAR:** Transcripts must be sent in a sealed institutional envelope and display the seal of the Registrar. The transcript(s) may be marked "Issued to Student". The student will forward the sealed transcript(s) and other application materials to the selected Veterinary Medical College Application Service (VMCAS) colleges. Please contact VMCAS at (202)682-0750 – Student/Advisor Hotline or [vmcas@aaavmc.org](mailto:vmcas@aaavmc.org) for additional information.

#### Mail Transcripts to:

\_\_\_\_\_  
 Name of Institution

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State Zip Code Country (if other than U.S.)

Registrars who cannot release such transcripts to students may send them to the VMCAS colleges.



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