



**CASE WESTERN RESERVE  
UNIVERSITY  
School of Medicine**

**TRANSCRIPT AND MSPE REQUEST FORM**

SOM Office of the Registrar som-registrar@case.edu  
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Date: \_\_\_\_\_ Name: \_\_\_\_\_  
(Last) (First) (Middle)

Other Name(s) or Maiden Name while at CWRU: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: (\_\_\_\_\_) (non-Case) Email Address: \_\_\_\_\_

CWRU Network ID (ex. abc123) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Class of: \_\_\_\_\_

Currently Enrolled? ☐ Yes ☐ No

| Please fill out all that apply.   | # Required |
|---|------------|
| <b>TRANSCRIPT - \$11 per document (\$14.25 for int'l. delivery)</b><br><input type="checkbox"/> VSLO (Visiting Student Learning Opportunities) <input type="checkbox"/> ERAS (Electronic Residency Application Service)<br><input type="checkbox"/> EFDO (ERAS Fellowships Documents Office) <input type="checkbox"/> Other |            |
| <b>MSPE - \$11 per document (\$14.25 for int'l. delivery)</b> (Fee is for Alumni only)<br><input type="checkbox"/> ERAS <input type="checkbox"/> EFDO <input type="checkbox"/> Other  |            |

**ADDITIONAL DELIVERY METHODS** (please complete this section only if "Other" is checked above)

|   |          |  |  |
|---|----------|--|--|
| <input type="checkbox"/> FAX - <b>\$15.00</b> (Please note: a faxed transcript is considered unofficial)<br>Fax #: _____ Attn To: _____                                   |          |  |  |
| <input type="checkbox"/> IN-PERSON Pickup   |          |  |  |
| <input type="checkbox"/> Regular MAIL   |          |  |  |
| <table border="1"><tr><td rowspan="4">MAIL to:</td><td>Mailing Address (attach additional addresses if needed):<br/>_____<br/>_____<br/>_____<br/>_____</td></tr></table> | MAIL to: | Mailing Address (attach additional addresses if needed):<br>_____<br>_____<br>_____<br>_____   |  |
| MAIL to:  |          | Mailing Address (attach additional addresses if needed):<br>_____<br>_____<br>_____<br>_____   |  |
|   |          | FedEx Overnight - <b>\$41.50 (\$68.50 for int'l)</b> (Note: FedEx cannot deliver to a PO Box) <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|   |          | <b>TOTAL</b>   |  |

☐ I have reviewed my transcript in SIS (case.edu/sis), please upload AS IS.

**Special Instructions** (Please attach all additional forms and documents needed):  
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\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_  
Form must be signed in order to be processed. Signing another person's name constitutes fraud.

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**Please select Method of Payment: No cash accepted!**

- ☐ Check (payable to Case Western Reserve University)  
☐ Money Order  
☐ Credit Card: **Please do not email or call with credit card information.** A link to our secure payment website will be provided by the SOM Registrar's Office once your request has been received.

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