



**PONCE HEALTH SCIENCES UNIVERSITY**  
**ADMISSIONS OFFICE**

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**Authorization for the Use of Medical School Official Transcript**

**Instructions to the Student:** Please fill out this authorization and send it to your School of Medicine.

I, \_\_\_\_\_ **STUDENT'S NAME** \_\_\_\_\_ respectfully request authorization to use my  
official transcript from \_\_\_\_\_ **MEDICAL SCHOOL NAME** \_\_\_\_\_

for educational purposes, such as request for clinical electives, application for National Residency Matching Program (NRMP) and Electronic Residency Application System (ERAS). If you have any questions, please contact me at:

Student's Name \_\_\_\_\_ **PLEASE PRINT** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**For the exclusive use of the student's School of Medicine:**

I hereby authorize Ponce Health Sciences University to use the official transcript of (student's name)  
\_\_\_\_\_ for educational purposes.

\_\_\_\_\_  
Signature of Medical School Official \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Print Name \_\_\_\_\_ Position \_\_\_\_\_

Please send this document to: **Ponce Health Sciences University**  
**Admissions Office**  
**PO Box 7004**  
**Ponce PR 00732**