



## Medical School Release Request Form 345-I

You must submit the *Medical School Release Request* (Form 345) when you send your final medical diploma to ECFMG®.

The *Medical School Release Request* (Form 345) is addressed to your medical school. By completing this form, you are authorizing your medical school to complete an ECFMG *Verification of Medical Education* form (a form that ECFMG will send to your medical school) and for the school to verify your medical school diploma and provide your final medical school transcript for ECFMG.

ECFMG will send a copy of your completed *Medical School Release Request* (Form 345) to your medical school with a *Verification of Medical Education* form and copies of your medical education credentials.

### INSTRUCTIONS

Complete the *Medical School Release Request* (Form 345) by printing the name and address of your medical school (the medical school from which you graduated), your name, USMLE®/ECFMG Identification Number (if one has been assigned to you), your date of birth, and month and year of graduation from medical school in the spaces provided. You must also sign and date the form where indicated.

Submit two copies of the completed *Medical School Release Request* (Form 345) to ECFMG with the *ECFMG Medical Education Credentials Submission Form* (Form 344) and your medical education credentials.

**If you are applying to ECFMG for an examination and you do not have a valid *Certification of Identification* (Form 186) on file with ECFMG**, the completed copies of the *ECFMG Medical School Release Request* (Form 345), *ECFMG Medical Education Credentials Submission Form* (Form 344), medical education credentials, photograph, and any other required documents must be accompanied by an *IWA Document Submission Form* (Form 187) and must be sent with your *Certification of Identification Form* (Form 186). These forms and documents must be sent to ECFMG in one envelope. If your Form 186 is signed by an authorized official of your medical school, this envelope must be sent to ECFMG directly from the office of that official. If your Form 186 is certified **only** by a Consular Official, Notary Public, First Class Magistrate, or Commissioner of Oaths, this envelope can be sent to ECFMG by you.

**If you have a valid *Certification of Identification Form* on file with ECFMG**, send the documents outlined above to ECFMG in one envelope.

**If you are not currently applying for an examination**, you may submit your medical education credentials and associated forms and documents, but you should not include an *IWA Document Submission Form* (Form 187).

These forms and documents must be sent to:

ECFMG  
3624 Market Street, 4<sup>th</sup> Floor  
Philadelphia PA 19104-2685  
USA

The *ECFMG Medical Education Credentials Submission Form* (Form 344), *Medical School Release Request* (Form 345), and *IWA Document Submission Form* (Form 187) are available on the ECFMG website at [www.ecfm.org](http://www.ecfm.org).



**Medical School Release Request  
Form 345**

Please complete, sign, and date this form. This form must be sent to ECFMG with your medical education credentials.

\_\_\_\_\_  
Name of Medical School

\_\_\_\_\_  
Address of Medical School

\_\_\_\_\_  
City, State/Province, Postal Code

\_\_\_\_\_  
Country

**Re: Name:** \_\_\_\_\_  
Applicant Name – Last First Middle

**USMLE/ECFMG ID No.** (if assigned):  -  -  -

**Date of Birth:** \_\_\_\_\_  
Day / Month / Year

**Date of Graduation:** \_\_\_\_\_  
Month / Year

Dear Sir or Madam:

I am currently applying to the Educational Commission for Foreign Medical Graduates (ECFMG®). To facilitate this process, I hereby request:

- An official, final medical school transcript which bears your institution's seal and the signature of an authorized official; and
- Certification of the enclosed Final Medical Diploma, by affixing the institution's seal and the signature of an authorized official onto the diploma; and
- An authorized official of your Medical School to complete the attached form titled *Verification of Medical Education*.

Please send the *Verification of Medical Education* form, certified diploma, and official, signed final medical school transcript to ECFMG in the enclosed, addressed envelope. If you have any questions about this process, please contact ECFMG by e-mail at [deansbox@ecfm.org](mailto:deansbox@ecfm.org). Thank you for your assistance.

Sincerely,

\_\_\_\_\_  
Signature of Applicant

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



**Medical School Release Request  
Form 345**

Please complete, sign, and date this form. This form must be sent to ECFMG with your medical education credentials.

\_\_\_\_\_  
Name of Medical School

\_\_\_\_\_  
Address of Medical School

\_\_\_\_\_  
City, State/Province, Postal Code

\_\_\_\_\_  
Country

**Re: Name:** \_\_\_\_\_  
Applicant Name – Last First Middle

**USMLE/ECFMG ID No.** (if assigned):  -  -  -

**Date of Birth:** \_\_\_\_\_  
Day / Month / Year

**Date of Graduation:** \_\_\_\_\_  
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Date of Signature