A USMLE transcript includes a complete results history of all USMLE Steps or Step Components taken and for which results are available, as of the date the transcript is processed. For more information, see Scores & Transcripts on the USMLE website.

- ECFMG does not provide USMLE transcripts to state medical boards or other licensing authorities. For information on ECFMG certification status, contact the Certification Verification Service at ECFMG at (215) 386-5900 or visit www.ecfmg.org/cvs.
- To request a transcript for Step 3, contact the Federation of State Medical Boards (FSMB) at (817) 868-4000 or visit the FSMB website at www.fsmb.org.
- To obtain a USMLE transcript for a student/graduate enrolled at your institution, please complete and sign Sections 1 and 2 of the form below.
- Sections 3 and 4 appear on page 2 of this document. Print or type the institution information requested in the space provided and photocopy page 2 of this document. Distribute one copy of each new document to each student/graduate for whom you are requesting an official transcript.
- To submit payment, complete all information requested on the Payment for Service(s) Requested (Form 900), which is included with this request form.
- You should check “USMLE Transcript” in item 2 of the payment form.
- Return the completed Form 173 and consent authorization documents (Form 173-B) for each student/graduate for whom you are requesting a transcript along with payment (Form 900) by fax, to (215) 386-3185, or mail to ECFMG, 3624 Market Street, 4th Floor, Philadelphia, PA 19104-2685 USA. Include a payment of US$70.00 for one through 10 transcripts, US$140.00 for 11-20 transcripts, US$210.00 for 21-30, US$280.00 for 31-40, etc.
- Please allow 10 business days for your request to be processed.
- Direct all inquiries to ECFMG at (215) 386-5900.

### 1

<table>
<thead>
<tr>
<th>Contact Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Institution Name</td>
</tr>
</tbody>
</table>

### 2

Signature of School Official

| Signature (Using the Latin Alphabet) | Date (Month/Day/Year) |

The fee for requesting one through 10 official USMLE transcripts is $70.00. To submit payment, complete all information requested on the Payment for Service(s) Requested (Form 900). Form 900 is included with this request form. You should check "USMLE Transcript" in item 2 of the payment form. Submit the completed payment form with your Institutional Request for an Official USMLE® Transcript.

For Office Use Only

This form is available on the ECFMG website at www.ecfmg.org.
### Recipient Information
(To be completed by School Official)

- **Contact Name**
- **Title**
- **Institution Name**
- **Mailing Address: Line 1**
- **Mailing Address: Line 2**
- **City**
- **State/Province**
- **ZIP/Postal Code**
- **Country**
- **Country/Area Code and Telephone Number**
- **Country/Area Code and Fax Number**
- **E-mail Address**

### Authorization
(To be completed by the Student or Graduate for whom the USMLE Transcript is being requested)

I hereby authorize and request the Educational Commission for Foreign Medical Graduates to release my official United States Medical Licensing Examination (USMLE) transcript to the individual at the institution listed above.

- **Signature of Student** (Using the Latin Alphabet)

---

This form is available on the ECFMG website at www.ecfmg.org.
Enter your Identification Number.

Enter your name.

Indicate the service(s) for which you are providing payment.

Select a method of payment and complete all information requested.

Do NOT send cash.

For detailed information on ECFMG’s Payment and Refund policies, refer to the ECFMG website at www.ecfmg.org/fees/payment.html.

This form is available on the ECFMG website at www.ecfmg.org.