



Institutional Request for an Official USMLE® Transcript Form 173

- 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.ecfm.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.

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<p>The fee for requesting one through 10 official USMLE transcripts is \$70.00. To submit payment, complete all information requested on the <i>Payment for Service(s) Requested</i> (Form 900). Form 900 is included with this request form. You should check "USMLE Transcript" in item 2 of the payment form.</p> <p>Submit the completed payment form with your <i>Institutional Request for an Official USMLE® Transcript</i>.</p>	For Office Use Only
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This form is available on the ECFMG website at www.ecfm.org.

MEDICAL SCHOOL STUDENT/GRADUATE CONSENT FOR RELEASE OF USMLE TRANSCRIPT

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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	

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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)

		/			/				
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Date (Month/Day/Year)

Name of Student
(Please Print)

USMLE/ECFMG ID #

	-					-					-	
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Date of Birth
(Month/Day/Year)

		/			/				
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