

Request For Medical School Transcripts

UNIVERSITY MEDICAL SCHOOL

ADDRESS

I am applying for licensure to practice medicine in the state of Washington. Please send a copy of my medical school transcripts (with the MD degree and date granted posted) directly to the Washington State Medical Quality Assurance Commission at the address below. Thank you for your assistance.

Department of Health
Medical Quality Assurance Commission
P.O. Box 47866
Olympia, WA 98504-7866

Applicant: Please complete the identifying information below to assist the registrar's office in processing your request.

Student Name: _____

Social Security Number: _____

Year of Graduation: _____

Birthdate: _____