

- 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](http://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](http://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.

<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>	<p><b>For Office Use Only</b></p>
---	-----------------------------------

This form is available on the ECFMG website at [www.ecfmq.org](http://www.ecfmq.org).

# MEDICAL SCHOOL STUDENT/GRADUATE CONSENT FOR RELEASE OF USMLE TRANSCRIPT

**3**

**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	

**4**

**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)

/   /

Date (Month/Day/Year)

**Name of Student**  
(Please Print)

**USMLE/ECFMG ID #**

-    -    -

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

/   /

This form is available on the ECFMG website at [www.ecfmg.org](http://www.ecfmg.org).



**ECFMG®**

## Payment for Service(s) Requested Form 900

## PAYMENT

**Do NOT submit this form to ECFMG by e-mail. Please submit the completed form using one of the following methods:**

- **BY MAIL/COURIER:** ECFMG, 3624 Market Street, 4th Floor, Philadelphia, PA 19104-2685 USA, or
- **FAX:** (215) 386-3185

For detailed information on ECFMG's Payment and Refund policies, refer to the ECFMG website at [www.ecfmg.org/fees/payment.html](http://www.ecfmg.org/fees/payment.html).

This form is available on the ECFMG website at [www.ecfmq.org](http://www.ecfmq.org).