



AADSAS – 2005

Transcript Matching Form

Complete and Forward to Your School Registrar

Information must be the same as the information that you complete in the AADSAS 2005 application.

Please print or type:

Applicant complete:

First Name <small>(Actual name used on the AADSAS Application)</small>	MI	Last Name
---	----	-----------

City	State
------	-------

Social Security Number	Birth Date
------------------------	------------

Registrar complete:

Name of Institution	City	State
---------------------	------	-------

Date of Attendance (from:/to:)

To the Applicant: Complete and sign this form and enclose it with your request for official Transcripts to the registrar of the college/university you have attended.

Authorization to forward Official Transcripts to AADSAS

Signature	Date
-----------	------

To the Registrar: Please attach this form to the official Transcript of the above applicant and forward to: **AADSAS, Transcripts, 1625 Massachusetts Avenue, NW Suite 600, Washington, DC 20036-2212.**