



American University of the Caribbean
School of Medicine

Authorization to Release USMLE Transcript

To: Education Commission for Foreign Medical Graduates (ECFMG)

I, _____, the undersigned, am a student enrolled with the American University of the Caribbean School of Medicine (AUC).

I hereby authorize and direct ECFMG to release to AUC the transcript of my scores on the United States Medical Licensing Examinations: Step 1, Step 2 CK and CS, and Step 3.

Once receiving this Authorization, ECFMG shall release my transcript for the aforementioned examinations. A copy of this Authorization shall be as effective as the original.

This Authority will be valid indefinitely, and shall only be revocable by a written notice to ECFMG, which has been countersigned and sealed by AUC.

Please send the results to: AUC Coral Gables
 Director, Institutional Research
 901 Ponce de Leon Blvd, Suite 700
 Coral Gables, Florida 33134-3036

Student Name *(please print)* _____

Student ID# _____

Student USMLE/ECFMG# _____ - _____ - _____

Student Signature _____

Date Signed _____