Kansas City University

ERAS Requests for Graduates

Office of the Registrar • 1750 Independence Ave., Kansas City, MO 64106 • p. 816.654.7190 • f. 816.654.7191 • registrar@kansascity.edu

This multi-purpose form allows graduates to request certain academic records to be uploaded to ERAS or ERAS-EFDO. Once the form is complete, including a physical signature, please submit to the Office of the Registrar.

Student Information

Name_____   **Former Name**_____

SSN *Last four digits*_____   **Date of Birth** *(MM/DD/YYYY)*_____   **Student ID**_____

Graduation Year_____   **Program**_____   **Campus:** ☐ Kansas City   ☐ Joplin

Email_____   **Phone**_____

Request

Please select which items/documents you are requesting:

☐ ERAS Token – Required for post-graduate residency applications **only.** *(Token information is emailed to address listed above.)*
    ☐ Current season (ends May 31)   ☐ Next season (opens June 1)

☐ MSPE (Dean's Letter)

☐ Official Transcript*

* There is no charge for official transcripts uploaded to the ERAS system.

Upload

Please select where you would like the documents uploaded:

☐ ERAS - For post-graduate residency applications.

☐ ERAS-EFDO - For post-residency fellowship applications.

Special Instructions:

Student Signature_____   **Date**_____