

# Request for Return of Original Documents

Our office will return original CAS documents (via regular mail) at the applicant's request. There is a \$20 fee for this service. Please complete, print, sign, and return this form to have your documents returned to you. **Do not use this form until AFTER your match has been concluded.** All requests must be in writing. Please note confidential letters cannot be returned to applicants.

**Original documents will only be kept for one year. Please send your request form AFTER the Match is concluded.**

## ➤ Personal Information:

Specialty: \_\_\_\_\_ Match #: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## ➤ Please return the following original documents:

- College Transcript (s)       US-MLE Scores       Reference Letters \*  
 Medical School Transcript (s)       ECFMG Certificate       Dean's Letter \*\*  
 Other\*\*\*: \_\_\_\_\_

\*Reference letters are only returned if the applicant marked "I desire access to these letters" on page 5 of his/her CAS application form.

\*\*Dean's letters will only be returned if provided by a foreign medical school and if the applicant marked "I desire access to these letters" on page 5 of his/her CAS application form.

\*\*\*We will not return the completed CAS application form.

## ➤ Payment Information:

- Enclosed is a check/money order in the amount of \$20  
 Please charge my non-refundable return fee of \$20 to the following credit card:

Visa/Master Card:  Expiration Date:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_