

## **ERAS Token Number Request Form For Graduates**

**You should only use this form if you are a past graduate of the University of Arkansas for Medical Sciences College of Medicine.** If you graduated from any College or School of Medicine other than Arkansas, you cannot use this form. You must get your token number from the College of Medicine from which you graduated (or the ECFMG if you are an International Medical Graduate). **Requesting this token also gives your consent for the UAMS College of Medicine to release your transcript and Dean's letter into the ERAS system.** (PLEASE PRINT ALL LINES EXCEPT THE SIGNATURE LINE)

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Year of Graduation from UAMS:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

(Please print carefully. This is where we will send your token number and instructions)

**Pager and/or Phone Number:** We must be able to reach you during working hours for questions concerning your ERAS application. Feel free to put down more than one number if you feel it would be helpful in reaching you:

\_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Return to: Richard P. Wheeler, M.D.; Executive Associate Dean for Academic Affairs; 4301 W. Markham St., Slot 603; Little Rock, AR 72205 **OR** FAX to Dr. Wheeler at 501-686-8160. We cannot accept this information over the phone or e-mail. We must have a signature since part of this form constitutes a release of academic information.