

Transcript Matching Form

SOPHAS

CAS ID: 3297119977

Applicant's Name: Kaufman Zachary
Last Name First Name

Alternate Name, if any: _____
Last Name First Name

Academic Institution Name: WASHINGTON UNIVERSITY IN SAINT LOUIS

Instructions to the Registrar

Please attach this form directly to the official transcript for the above applicant and forward the official transcript (see requirements below) in a sealed envelope directly to:

SOPHAS Transcript Processing Center
P.O. Box 9111
Watertown, MA 02471

The transcript must meet the requirements below to be considered "official" by SOPHAS

- A Registrar's seal and/or legible signature included on the transcript.
- Must be mailed **directly** to SOPHAS from the Registrar's Office.
- **Cannot** be marked "Issued to Student" or "Student Copy."
- Must reflect all relevant, correct information for the student identified above.