

TRANSCRIPT REQUEST FORM

Student: To request official transcripts, complete this form and send it to your high school and/or college with whatever fees are applicable. Only transcripts mailed directly to us from the high school and/or college will be considered. (You may photocopy this, if you need additional forms.)

NAME _____ MAIDEN NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HIGH SCHOOL/COLLEGE _____

YEAR OF GRADUATION _____ SOCIAL SECURITY NO. _____

Please forward to:

The Valley Hospital School of Radiography
223 N. Van Dien Avenue
Ridgewood, New Jersey 07450