

## Arnot Ogden Medical Center School of Radiologic Technology

555 St. Joseph's Blvd.  
Elmira, NY 14901  
(607) 795-8040 Ext 2446

## Academic Transcript Request

- Complete, sign, and mail this form with the appropriate transcript fee(s)
- There is no charge for your first request. **A fee of \$3.00 is charged for each additional official or unofficial copy.**
- Processing time, for all requests is 5 business days.
- Transcripts will not be released if financial obligations to the School of Radiology have not been met.

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

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Email:

**Dates of Attendance:** \_\_\_\_\_ **or** **Year of Graduation:** \_\_\_\_\_

### ***Please check:***

- Official Transcript (*with school seal*) # requested \_\_\_\_\_
- Unofficial Transcripts # requested \_\_\_\_\_

**Each copy is \$3.00 - Applicable fee must accompany this form prior to release of transcript**

**Amount enclosed:** \$ **Check or money order made payable to: Arnot Ogden Medical Center School of Radiology**

***Send transcript to:***

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

Address:

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City/State/Zip

Email:

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

*Transcripts will not be released without an authorizing signature.*