

The Johns Hopkins Hospital  
Schools of Medical Imaging  
111 Market Place, Suite 830  
Baltimore, MD 21202

Transcript Request Form

Note: Please print the form, fill it out, sign it and mail it to the request to the above address. The transcript may take up to two weeks to be sent from the program. The form must be filled out completely for the transcript request to be fulfilled.

*Transcripts will not be released if the student has any outstanding financial obligation to the Schools of Medical Imaging, the Department of Radiology, or the Johns Hopkins Medical Institution.*

Circle the program you attended: Diagnostic Medical Sonography/Radiography/Nuclear Medicine

Current Name \_\_\_\_\_

Name while in the program \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Last 5 digits of your SSN \_\_\_\_\_

Dates Attended \_\_\_\_\_

Print the full address(es) of where you would like the transcript(s) sent

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\_\_\_\_\_

Signature

Date

Diagnostic Medical Sonography Program Director: Carol Iversen: [cblank1@jhmi.edu](mailto:cblank1@jhmi.edu)

Radiography Program Director: Stacey Bickling: [sbickli1@jhmi.edu](mailto:sbickli1@jhmi.edu)

Nuclear Medicine Technology Program Director: [semoore@jhmi.edu](mailto:semoore@jhmi.edu)

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