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 program director may need as long as two weeks to send the transcript.

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.

Check 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**

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Nuclear Medicine Technology Program Director: David Kelkis: dkelkis1@jhmi.edu