# Bloomington/Normal School of Radiography

# Transcript Request Form

## Student Information:

**Name**: (any names you have had)

_____

**Last 4 digits of Social Security Number**: _____

**Date of Birth**: _____

**Graduation Year:_____**

**Cell phone number**: _____

**Email Address**: _____

## Recipient Information:

According to the Family Educational Rights and Privacy Act (FERPA), in certain instances, schools must obtain the student's permission in order to release information from his or her educational records.

**SENT TO EMAIL:_____**

**OR Send to Address_____**

**_____**

**_____**

**Your Signature (electronic signatures not permitted)**:_____