



Transcript Release Request

Marshfield Clinic Health System – School of Radiography

Last Name: _____ First Name: _____

Name While Attending: _____ Date of Birth: _____

Address: _____

Program Attendance Dates: Year Began _____ to Year Completed _____

I was a: Marshfield Clinic School of Radiography graduate Saint Joseph’s Hospital School of Radiography graduate (check one)

In accordance with Federal Law and Public Information Act and the Family Educational Rights and Privacy Act of 1974, records cannot be released without written consent of the student.

Select and complete all that apply.

_____ I authorize and request that one **unofficial copy** of my transcript be **emailed** to me. Please **email** transcript to: _____

_____ I authorize and request that one **unofficial copy** of my transcript be **given directly** or **mailed** to me. Please **mail** transcript to:

Address: _____

_____ I authorize and request that one **official transcript** be mailed to the following agency/business/institution: (give name of contact and exact mailing address) *ONE form per address. Additional requests and payment needed for multiple addresses: **(if given directly to student, will be sealed, signed)**

Address: _____

Transcript Requested: **Official (\$10)** **Unofficial (\$5)** **RUSH processing option (\$20)**

Notes: Standard processing time is one week, first class mail. Rush processing time is two days, priority mail. Check or money order may be sent by mail. Credit card payment made by calling Student Programs, **715-387-9251**. Prices are subject to change.

Student Signature: _____ Date: _____

Please send the completed request to schoolofradiology@marshfieldclinic.org, or fax to 715-847-3811, (if calling with credit card payment), or mail to: Marshfield Clinic, School of Radiography 2R6, 1000 North Oak Avenue, Marshfield, WI 54449. (if mailing check or money order)

Office Use

Date Received: _____ By: _____

Payment Type: _____ By: _____

Credit Card# _____ Expires: _____ 3 code: _____

Date Sent: _____ By: _____