

Transcript Request

To: Registrar:

I am applying for admission to the Harris County Hospital District School of Medical Radiography. Please forward a copy of my transcript to:

**Harris County Hospital District
School of Medical Radiography
Attention: Hazel Bourne
Lyndon B. Johnson General Hospital
5656 Kelley Street
Houston, Texas 77026**

Thank you.

Name <small>(Indicate name as it was when you attended school)</small>	
Dated Attended	
SSN	
DOB	
Signature	

Revised 2006

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