## TRANSCRIPT RELEASE FORM RESEARCH MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY

## 6675 Holmes Rd, Suite 660 KANSAS CITY MO 64131 816.276.3390

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IN SIGNING THIS FORM, I UNDERSTAND IT WILL TAKE AT LEAST 10 WORKING DAYS FROM THE DATE THE RADIOLOGY SCHOOL RECEIVES THIS REQUEST FOR MY TRANSCRIPT TO BE MAILED OUT.

Return this form to: Research Medical Center School of Radiologic Technology 6675 Holmes Rd, Suite 660 Kansas City MO 64131

Email this form to Vicki Fayard: vicki.fayard@hcamidwest.com

Or Fax it to: 816.276.3388; Attention: Radiology School