



Please release my Official Transcripts along with any High School, and College/University Transcripts to the Department chosen below.

Student Name (Print) Student Signature

Date of Birth: _____ Maiden Name _____

Address: _____

Home Phone: _____

Cell Phone: _____

HFU Email: _____

Please send my Transcripts to:

- Undergraduate Admissions Graduate Admissions Extended Learning
- Radiologic Science Other _____

Today's Date: _____