



### Request for Official Transcript

**By Mail or Fax:**

Average time is 3-5 business days.

**Fee:**

The standard fee for an official transcript is \$5.00. Make check or money order payable to School of Diagnostic Imaging – Cleveland Clinic. To use a credit card (MasterCard, Visa, American Express, Discover) please complete the Credit Card Payment – Customer Authorization form found on the website.

**To order a transcript by mail, send your request with payment to:**

School of Diagnostic Imaging-Cleveland Clinic  
18901 Lakeshore Blvd.  
Euclid, Ohio 44119

**You may fax your request to:**

216.692.7806 – Faxed requests without credit card information will not be processed.

**Please complete the following form and mail or fax it to the School of Diagnostic Imaging with the \$5.00 fee for processing.**

Your Name \_\_\_\_\_ (current and former)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Dates of Attendance \_\_\_\_\_ Phone Number \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

-----  
Person or office receiving the transcript \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

**Privacy and Financial Requirements:**

In accordance with the Federal Family Educational Rights & Privacy Act (FERPA) of 1974 and subsequent amendments, your academic records cannot be released without your consent. All outstanding obligations (financial, academic, or administrative) to the School of Diagnostic Imaging must be cleared before a transcript request can be processed.