

Date:

Your Name:

Your Address:

City, State, Zip Code:

Your Phone #:

Your Email:

Anthony Hofmann, B.A.S., RT(R) (CT)

Clinical Coordinator, School of Radiologic Technology

Radiology Education, Bin # C-90

655 W. 8th Street, Jacksonville, Florida, 32209

Mr. Hofmann,

I am _____, an alumnus of your institution. My graduation date from the Radiography program was _____. My dates (month/year) of training were from _____ to _____.

The purpose of writing this letter is to request that my transcript(s) be sent to a college, university, employer, or other. Please mail my transcript(s), at your earliest convenience, to the address listed below. I may also opt to pick up my transcript, in person. I fully allow and grant permission, without reservation, to the faculty, or designee of the UF Health Jacksonville School of Radiologic Technology access to my student records. Thank you for your time and efforts.

Yours sincerely,

(Your Signature)

Name of Institution or Employer

Attention:

Address: