

Diagnostic Medical Sonography Program

Lone Star College-CyFair

2010 Request for Official Transcript

Name of College or University:

Please forward an official transcript of my college records to:

**Lone Star College-CyFair
9191 Barker Cypress Road
Attn: Sonography Department
Cypress, TX 77433-1383**

Students, please enter your information below:

Name: _____

SSN: _____ Date of Birth: _____

Address

City

State

Zip code

Any other name used: _____

Daytime phone number: _____

Dates of attendance: _____ Graduation date: _____

(Start date – End date)

If applicable

Signature: _____ Date: _____

*It is the student's responsibility to complete this form and to include proper payment when requesting a transcript. It is recommended that the student call the institution's registrar regarding any fees for the transcript prior to mailing this form. This form **does not** guarantee previous institution will send official transcript(s), students should follow up request to ensure information is received in a timely manner before the application deadline.*