



# SOVAH

## School of Health Professions

### **Transcript Requests**

*Graduates of the SOHP Radiologic Technology Program need to do the following in order to request a transcript:*

1. Provide your full name including your **last name at time of graduation.**  
(**All of our files are alphabetized by your graduation last name!**)
2. Include the complete name and address of the person or institution you wish the transcript to be forwarded to.
3. Include also your contact number should we need to reach out to you!

### **That's it, No fees and no forms!**

This request can be made by phone: 434-799-2271

or by email! [Kevin.murray@lpnt.net](mailto:Kevin.murray@lpnt.net)

**However, we would prefer email!**