



INSTITUTE OF  
MEDICAL ULTRASOUND

**FORM B  
TRANSCRIPT REQUEST**

Applicant Instructions:

Please complete and forward a form to **each** academic institution that you have listed on your Institute of Medical Ultrasound application. (Be sure to include with your request any fees that your academic institution may require.) These transcripts are an integral part of your acceptance into the program, so please expedite this process by including the following:

1. Current legal name \_\_\_\_\_
2. Current address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_
3. Name of Institution \_\_\_\_\_
4. Dates you attended this institution: \_\_\_\_\_
5. Name during time of attendance: \_\_\_\_\_
6. Student Soc. Sec. number: \_\_\_\_\_
7. Contact number: \_\_\_\_\_

Please provide an official transcript per this request and submit it to:

**Institute of Medical Ultrasound  
817 West Peachtree Street  
Suite 207 at the Biltmore  
Atlanta, Georgia 30308**

Thank you,

\_\_\_\_\_  
Signature of Applicant requesting transcript

*If you have any questions, please contact Sherie Miller-Kirksey, School Administrator at 404-881-1916.*