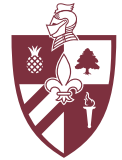


UL JAMES GRAHAM BROWN CANCER CENTER TRANSCRIPT REQUEST



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Name: _____

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Insert the name and mailing address of the person and place the transcript should be mailed in this box, being as specific as possible (Bellarmine does not email or fax transcripts):

I hereby authorize Bellarmine University to release a transcript of my University of Louisville Hospital James Graham Brown Cancer Center record to the addressee listed above.

Signature of Student: _____ Date: _____

Return this signed form to:

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