

*GRAHAM HOSPITAL SCHOOL OF NURSING  
RELEASE OF STUDENT INFORMATION AUTHORIZATION*

*Date: \_\_\_\_/\_\_\_\_/\_\_\_\_*

*I request the Graham Hospital School of Nursing to send:*

\_\_\_\_\_ *an official transcript*

\_\_\_\_\_ *an unofficial transcript*

\_\_\_\_\_ *other (specify)* \_\_\_\_\_

*TO:*

\_\_\_\_\_ *Name*

\_\_\_\_\_ *Street*

\_\_\_\_\_ *City*                      *State*                      *Zip Code*

*Maiden Name:* \_\_\_\_\_ *Class of* \_\_\_\_\_

*S.S. #* \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ *Student Signature*

\_\_\_\_\_ *Street*

\_\_\_\_\_ *City*                      *State*                      *Zip Code*

\_\_\_\_\_ *Phone*

*NOTE: Please remit \$5.00 for each document requested.*

*Mail request form to:*

*Graham Hospital School of Nursing*

*Mary Kepple, Coordinator of Admissions, Recruitment & Financial Aid*

*210 W. Walnut*

*Canton, IL 61520*

**GRAHAM HOSPITAL SCHOOL OF NURSING**  
**RELEASE OF STUDENT ACHIEVEMENT TEST SCORES**  
**AUTHORIZATION**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*I request the Graham Hospital School of Nursing to send:*

\_\_\_\_ *NLN Test Scores*

\_\_\_\_ *Mosby Achievement Test Scores*

\_\_\_\_ *other (specify)* \_\_\_\_\_

**TO:**

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City*                      *State*                      *Zip Code*

*Maiden Name:* \_\_\_\_\_ *Class of 19* \_\_\_\_\_

*S.S. #* \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City*                      *State*                      *Zip Code*

*Phone:* \_\_\_\_\_

**NOTE: Please remit \$5.00 for each document requested.**

**Mail request form to:**  
**Graham Hospital School of Nursing**  
**Susan Livingston, Director**  
**210 W. Walnut**  
**Canton, IL 61520**