GRAHAM HOSPITAL SCHOOL OF NURSING RELEASE OF STUDENT INFORMATION AUTHORIZATION

I request that Graham Hospital	School of Nursing send:		
an official transcript	t		
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other (specify)	-		
То:			
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There is a charge of \$5.00 for	each document requested.		
Student name (please print)			
Other name(s) used while atten	nding GHSON		
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Mail request form with check	a or money order to:		
Graham Hospital School of Attn: Shelby Ireland, Coord 210 W. Walnut St. Canton IL 61520	f Nursing dinator of Admissions, Recru	uitment & Financial Aid	
	amhospital.org or fax (309) 6	49-5127	
Payments may also be mad	le to the hospital cashier at (3	609) 647-5240, ext. 2221	