

GRAHAM HOSPITAL SCHOOL OF NURSING
RELEASE OF STUDENT INFORMATION AUTHORIZATION

I request that Graham Hospital School of Nursing send:

_____ an official transcript

_____ an unofficial transcript

_____ other (specify) _____

To: _____

Name

Street

City

State

Zip Code

There is a charge of \$5.00 for each document requested.

Student name (please print)

Other name(s) used while attending GHSON

SSN

Graduation Year

Signature

Date

Street

City

State

Zip Code

Phone

Email

Mail request form with check or money order to:

Graham Hospital School of Nursing

Attn: Shelby Boster, Coordinator of Student Affairs

210 W. Walnut St.

Canton, IL 61520

or email to sboster@grahamhospital.org or fax (309) 649-5127

Payments may also be made to the hospital cashier at (309) 647-5240, ext. 2221