



**GRADUATE'S REQUEST FOR RELEASE OF INFORMATION**

Please fill out the requested information completely. Only use **one** form per request. Allow 1 week for the request to be processed. This form may be reproduced.  
**PLEASE PRINT**

Graduate's Name	
Graduate's Address, City, State & Zip	
Graduate's Phone #	
Graduate's E-mail address	

I, \_\_\_\_\_, am requesting, on this date, \_\_\_\_\_,  
Graduate's signature Date  
 the information I have checked to be forwarded to the address listed below. I am requesting this information be sent by way of (CIRCLE ONE) LETTER FAX E-MAIL.

- Reference Letter
- Verification of Graduation Date and Eligibility for NCLEX-RN testing
- Other (form enclosed)

Name of Person to receive information	
Title of Person	
Business Name (if applicable)	
Address, City, State & Zip	
Fax Number	
E-Mail	

W-A-Y5-6 RE:10/03