



## RECORDS RELEASE AUTHORIZATION

Requests will be processed in 5-7 business days from the day received. **Transcripts will not be sent by fax or email.** Hondros College of Nursing will not release the requested documents until all financial obligations are met. Request forms may be returned to the Office of the Registrar via fax, email or mail using the information above.

Transcript       Duplicate Diploma

### STUDENT INFORMATION:

NAME: \_\_\_\_\_  
Last                                  First                                  Middle Initial                                  Former Last Name

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
Street Address

City                                  State                                  Zip

PHONE: (     )     -     \_\_\_\_\_

### RELEASE TRANSCRIPT/DUPLICATE DIPLOMA TO:

NAME: \_\_\_\_\_  
Institution/Name of Recipient

ADDRESS: \_\_\_\_\_  
Street Address

City                                  State                                  Zip

### STUDENT SIGNATURE: Records will not be released without a signature

Signature \_\_\_\_\_ Date \_\_\_\_\_

*By signing this release I hereby authorize Hondros College of Nursing to release the requested documents to the third party listed above.*

### PAYMENT METHOD: \$15.00 processing fee applies for each transcript/duplicate diploma request.

To pay with check or money order, please send form and method of payment to the address listed above.

NAME AS IT APPEARS ON CARD: \_\_\_\_\_  
First                                  Middle Initial                                  Last

CARD TYPE:       VISA       MASTERCARD       DISCOVER       AMEX

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_  
MM/YY                                  *Security code will be last three digits on back of card (last four on American Express)*