

RECORDS RELEASE AUTHORIZATION

Requests will be processed within 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 have been met. Request forms may be returned 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)*