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Email: NursingStudentAccounts@hondros.edu

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	N	Middle Initial	Former Last Name
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LAST 4 DIGITS OF SOCIAL SECURITY NUMBER:					
HOME ADDRESS:					
	Street Address				
	City	State			Zip
PHONE:	()	-			
RELEASE TRANSCRIPT/DUPLICATE DIPLOMA TO:					
NAME:	stitution/Name o	f Recipient			
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ADDRESS:	reet Address			_	
St	icei Addiess				
Ci	its	State		Zip	
			sed without a s		
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.					
10 pay with check of money order, please send form and method of payment to the address listed above.					
NAME AS IT APPE	ARS				
ON CARD:	First		Middle Initial		Last
CARD TYPE:		VISA MASTERC	ARD DISC	OVER A	MEX
CREDIT CARD NU	MBER:				
EXPIRATION DAT	E:	SECI	RITY CODE:		
	MM/				e last three digits on back of

Rev: 10/02/18