



THE BOARD OF COOPERATIVE EDUCATIONAL SERVICES

CENTER FOR ADULT & COMMUNITY SERVICES

450 MAMARONECK AVE, 2<sup>ND</sup> FLOOR

HARRISON, NY 10528

P 914.592.0849, F 914.592.1325

STUDENT INFORMATION RELEASE FORM

Student Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

Phone # or email address where you can be reached: \_\_\_\_\_

Student's name at time of attendance (if different from above): \_\_\_\_\_

Practical Nursing Students only, please provide the following:

Full Time  Part Time Graduation Date: \_\_\_\_\_ Start Date: \_\_\_\_\_

All Other Students please provide the following:

Name of Course(s): \_\_\_\_\_

Dates Attended: \_\_\_\_\_

All Students Please Check the Information You Want Released:

Reference Letter - If you require a reference letter(s) from someone specific, please provide name(s): \_\_\_\_\_

Copy of Physical Form

Official Transcript for Practical Nursing Program (\$20 Fee)

Duplicate Certificate of Completion (\$15 Fee)

Student Transcript

Other (please explain): \_\_\_\_\_

Address to where you would like your information sent: (Reference letters will not be mailed directly to students)

Name of Company or School: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Attention: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Please Allow at Least Five Business Days for Requests to be Completed