



CENTER FOR ADULT & COMMUNITY SERVICES
 450 MAMARONECK AVE, 2ND FLOOR
 HARRISON, NY 10528
 P 914.592.0849, F 914.592.1325

STUDENT INFORMATION RELEASE FORM

Student Name: _____ SSN#: _____

Phone # or email address where we can reach you: _____

Student's name at time of attendance *(if different from above)*: _____

Practical Nursing Students please provide the following:

Full Time Part Time Start Date: _____ Graduation 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 (free)

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

Duplicate Certificate of Completion (\$15 Fee)

Student Transcript (free)

Other (please explain): _____

Payment Information: (MC/V/Discover/AMEX)

Card # _____ Expiration Date _____ Security Code _____

Zip Code of Cardholder _____

Three ways to make payment: Fax completed form to 914.592.1325; Fax completed form and call the office at 914.592.0849 with credit card info; mail this form with a check or money order to the above-listed address.

Address where you would like your information sent: *(Reference letters not 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