



RELEASE OF INFORMATION STUDENT RECORDS

A student's grades will not be discussed or given to any person or institution without the written permission of the student.

Name of Student

Date of birth

SSN

I hereby authorize the instructor of the FAYETTE INSTITUTE OF TECHNOLOGY School of Practical Nursing to forward information from my official transcript to institutions of higher learning, prospective employers, individuals, or organizations listed below.

Signature of Student _____

Date _____

Institution, Employer, Individual, Organization:

Name: _____

Address _____
