CONSENT FOR RECORD RELEASE

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Firelands Regional Medical Center School of Nursing
1912 Hayes Avenue
Sandusky, OH 44870
Office of Student Records
Phone: (419) 557-7110
Fax: (419) 557-7116
Email: fitzthd@firelands.com

_____ _____
Name used as student ***Date***

_____
Signature

Name _____

Address _____

City, State, Zip Code _____

Type of record released:

☐ Official Transcript	No charge

1. In compliance with your request, we have sent an official transcript (s) of your record to:

_____
Name of college, employer or agency

_____
Address – number and street

_____
City, State, Zip code

Office Use:

_____ _____
Processed by ***Date***