

# HAZLETON AREA SCHOOL DISTRICT

## PRACTICAL NURSING PROGRAM

1451 West 23<sup>rd</sup> Street  
Hazle Township, Pennsylvania 18202

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Telephone (570) 459-3221 ext. 82407 or 82409

Fax (570) 459-3231

### Release of Information

To Whom It May Concern:

Authorization is granted for the release of transcript or other information from the Practical Nursing Program for the purpose of further education, licensure in another state or employment. This form is to be maintained in the student's file. A \$5.00 fee is required to process your request.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Graduation Date/Class #

\_\_\_\_\_  
Student Contact Information  
Phone Number/E-mail address

Send transcript to: \_\_\_\_\_

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

ATTN: \_\_\_\_\_