

Records Release Form

Records will not be released if records are on hold. Requests are processed within one week of receipt, usually within two to three working days. Please print legibly.

You may fax this form to 402-481-8621. You may mail this form to Bryan College of Health Sciences, Attn: Records and Registration, 5035 Everett Street, Lincoln, NE 68506

Name: _____ **Soc Sec Number:** _____
Other last name(s): _____ **Date of Birth:** _____
Telephone Number: _____ **Dates of Attendance:**
 Currently enrolled
 From _____ To _____
Signature: _____ **Date:** _____

I hereby request Bryan College of Health Sciences to release the following information from my records:

- Health Records
- Enrollment Verification Letter
- Course schedule
- I give permission to Bryan College of Health Sciences to send an employer survey to my immediate supervisor upon completion of my program of study and request of employer information by Bryan College of Health Sciences.
- Other _____

Please print the specific name, title and address of the person, institution or organization to receive this information. Use a separate form for each addressee:

Name: _____ **Please check one:**
_____ Send
Address: _____ _____ Send after current term grades post
_____ I will pick up
_____ I will pick up after current term grades post

Records and Registration Use Only **Date Received:** _____ **Date Processed:** _____