

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 or you may mail this form to:

**Bryan College of Health Sciences,
Attn: Records and Registration
1535 S 52 Street
Lincoln, NE 68506**

Name: _____

Soc Sec Number: _____

Other last name(s): _____

Date of Birth: _____

Telephone Number: _____

Dates of Attendance:

Signature: _____ **Date:** _____

Currently enrolled

From _____ To _____

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

Immunization Record

Health Records

Enrollment Verification Letter

Course schedule

Jury Duty Deferment

Report Card

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:

Address: _____

_____ Send

_____ 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: _____