

Diman Regional Technical Institute
School of Practical Nursing
777 Elsbree Street - B110
Fall River, MA 02720

Tel: 508-672-2970

Fax: 508-672-2973

Complete the information requested, and submit the \$5.00 fee made payable to Diman Regional for processing. All requests will be processed within 10 working days.

Name: _____

DOB: _____/_____/_____

Name Listed on Diman Records: _____

Current Mailing Address: _____

Current Telephone # _____

Current email address: _____

Program Completed/Attended: LPN _____ CNA _____ Medical Assist _____ Other _____ Specify _____

Year of Graduation (REQUIRED): _____ Month: _____

Send Transcript To: _____

Email Address: _____

Release of Information

To assist the above mentioned individual in education and occupation placement, school authorities are requesting authorization for the release of information in accordance with Chapter 71 of General Laws of the Commonwealth of Massachusetts. I hereby authorize the release of information as requested to which the above-named individual has applied.

Signature: _____

Date: _____

RETURN COMPLETED FORM TO THE ABOVE ADDRESS

Please do NOT write below this line

Fee: \$5.00

Paid: _____

Mail or Pickup: _____