

**Authorization to Release Academic Transcript
UPMC Shadyside School of Nursing**

Student Information:

Student Name: _____
(If Different) Name During Attendance: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Email Address: _____ Phone: _____
Social Security Number: _____ Graduation Date: _____

I hereby authorize the UPMC Shadyside School of Nursing to release my academic transcript to the following parties:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

I release the faculty and/or administration from any and all liability which may arise in connection with the release of my UPMC Shadyside School of Nursing academic transcript.

The Family Educational Rights and Privacy Act of 1974 prohibits the UPMC Shadyside School of Nursing from releasing academic transcripts (and other confidential information) without the student's written consent. Thus, requests via telephone or e-mail cannot be honored.

The cost of an academic transcript is \$5.00 and must be submitted with this request. Please send payment in the form of a check or money order and this form to the address listed below.

Please make check or money order payable to: ***UPMC Shadyside School of Nursing***

Via United State Postal Service:
UPMC Shadyside School of Nursing
Attn: Registrar
5230 Centre Avenue
Pittsburgh, PA 15232

Via UPS:
UPMC Shadyside School of Nursing
Attn: Registrar
5900 Baum Boulevard
Pittsburgh, PA 15206

Signature

Date