



**Authorization to Release Academic Transcript
St. Margaret 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 St. Margaret School of Nursing to release my academic transcript to the following:

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 St. Margaret School of Nursing academic transcript.

The Family Educational Rights and Privacy Act of 1974 prohibits the St. Margaret 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: *St. Margaret School of Nursing*

Via United State Postal Service:

St. Margaret School of Nursing
Attn: Registrar
221 Seventh Street, Suite 100A
Pittsburgh, PA 15238

Via UPS:

St. Margaret School of Nursing
Attn: Registrar
221 Seventh Street, Suite 100A
Pittsburgh, PA 15238

Signature

Date