



## EDUCATIONAL RECORDS RELEASE FORM

<i>Students, please check program option and submit as directed by the program staff.</i>			
<input type="checkbox"/> <b>Basic BSN</b>	<input type="checkbox"/> <b>BRAND</b> (Accelerated BSN)	<input type="checkbox"/> <b>MS</b>	<input type="checkbox"/> <b>DNP</b>
335 Health Sciences Center (307) 766-4292	351F Health Sciences Center (307) 766-6565		

I, \_\_\_\_\_ hereby grant permission to the **University of Wyoming, Fay W. Whitney School of Nursing** to release information from my educational records for such purposes as State Boards of Nursing, prospective employment, scholarships, Graduate School, or other requests, which I have initiated. The Fay W. Whitney School of Nursing will retain this release for any future requests.

*Print full name*

Information that may be released includes, but is not limited to:

- Social Security Number
  - *required by State Boards of Nursing on verification forms*
  - *may also be applicable for other requests as well*
- GPA
  - *can include UW GPA, Nursing GPA (NGPA), cumulative GPA*
- Status in Nursing Program
- Anticipated Date of Graduation and/or Graduation Date *(for those who have graduated)*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
UW ID "W" Number

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date