

**Diman Regional School of
Practical Nursing
251 Stonehaven Road
Fall River, Massachusetts 02723
508-672-2970
Fax: 508-672-2973**

Complete the information requested, and submit the \$5.00 fee to Diman School of Practical Nursing for processing at the time of this request. All requests will be processed within 10 working days.

Name: _____ DOB: __ / __ / ____

If your name has changed, since you attended Diman; please indicate the last name on your

Diman Records: _____ Current Mailing Address: _____

Current Telephone # ____ - ____ - _____ _____

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

Year of Graduation: ____ Month: _____ Day: _____ Evening: _____

Send Transcript To Full-time: _____ Part-time: _____

_____ Fall River Campus: _____

_____ New Bedford Campus: _____

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

Fee: \$5.00
Paid: _____
Mail Pickup: _____