

# Request for Release of Personal Information

(*Military documents, Scholarships, Insurance, e.g.*)

Creighton University School of Pharmacy and Health Professions

2500 California Plz, Criss III Suite 154 Omaha, NE 68178 - Fax: 402-280-1148

## Instructions:

All requests for copies of official student documents or a letter from the Dean of the School of Pharmacy and Health Professions must be made in writing and delivered, faxed, mailed or emailed to the address in the header of this form (scanned copy / electronic version of form must be an attachment from your Creighton University email account). Requests will not be taken over the telephone. Complete **all sections** of the form below and include items from the checklist, if applicable. An email notification will be sent to the student when the letter/form has been completed and distributed.

- Checklist:**
1. Signed Request for Release of Personal Information
  2. Supporting Documents (*Military documents, Scholarships, Insurance, e.g.*)

Your request will be processed within **10-15** business days. Please be aware that some requests cannot be completed and verified until after final grades have been submitted and / or you have officially graduated. In some cases the form must be notarized (notary is available free of charge in the school). Specific questions may be directed to Liz Gustin, Administrative Assistant at (402) 280-3109.

## Current Information:

First Name:	MI:	Last Name:
Maiden Name:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
<input type="checkbox"/> OT <input type="checkbox"/> Pharmacy <input type="checkbox"/> PT	Class Year:	<input type="checkbox"/> Campus <input type="checkbox"/> Distance
Address:		
City:	State:	Zip Code:
Phone Number:	NetID:	

## Must mark all that are applicable:


<input type="checkbox"/> Must state purpose of letter / form:
<input type="checkbox"/> Deadline(s) – Must provide any applicable deadline(s)/due date(s):

Return to student  Send via email/fax: \_\_\_\_\_

Mail directly to: \_\_\_\_\_ (any form of payment will NOT be forwarded by us)

→ **If no box is checked, the document(s) will be returned to the student.** ←

## Release Information:

 <b>Signature:</b>	Date:
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## Office Use Only

Date & initials Received in OASA:	
Date & initials Put in Student Mailbox:	Date & initials Student Notified:
Original Mailed To:	Mail Date: