LINDSEY HOPKINS TECHNICAL EDUCATION CENTER
HEALTH SCIENCE EDUCATION DEPARTMENT
REQUEST FOR RELEASE OF RECORDS/INFORMATION FROM RECORDS

PERSONAL INFORMATION
PLEASE PRINT

STUDENT NAME: _____
LAST FIRST
MAIDEN NAME: _____

SS#:_____ PHONE: _____

ADDRESS: _____

CITY: _____- STATE: _____ ZIP: _____

SIGNATURE: _____

PROGRAM INFORMATION
PLEASE PRINT

PROGRAM NAME: _____

DATES OF ATTENDANCE/COMPLETION: _____

INSTRUCTOR'S NAME: _____

RECORDS TO BE RELEASED: _____

_____

MAILING INFORMATION
PLEASE PRINT

AGENCY; _____

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: (_____) -_____- _____

Make check or money order payable to: Lindsey Hopkins Technical Education Center
Mail this request to: Lindsey Hopkins Technical Education Center, 750 NW 20th Street, Miami, FL 33127

I understand that the cost of each item requested is $3.00. Certificates are $5.00.
I understand that the processing time for this request is 4-6 weeks. If we are unable to locate your records you will be notified for additional information.
If your records can not be located we, will forward your request to Student Services to locate attendance records and a letter of attendance will be prepared.

1/03