

Anderson University
School of Nursing

Release of Information

I give _____ permission to release information
(Name of Nursing Program)

about my status in the nursing program to Anderson University School of Nursing.

Student Signature and Date

Dean, School of Nursing:

_____ has applied to our nursing program. Would you
please identify if this student left your program in good standing by checking the appropriate
information below:

Left in good standing: _____

Did not leave in good standing: _____

Comments:

Dr. Karen Williams DNP, MSN, APRN, ANP-C
Dean, School of Nursing
Anderson University
1100 E. 5th Street
Anderson, IN 46012

Fax: 765-641-3095
kswilliams@anderson.edu