

Access now houses the imaged transcripts for several Nursing Schools that have closed.

If you were a student from one of these programs that have advised you to contact us:

- 1) Complete the information below
- 2) Enclose a check for \$10.00 for each transcript requested made payable to Access
- 3) Mail this form and the check to:

Access 2010 Route 57 West Washington, NJ 07882

| Once we receive the request and payment, the transcript(s) will be sent within | 1 business day. |
|--|-----------------|
| School of Nursing  |                 |
| Name (when a student)  | -               |
| Year of Graduation (or) Years attended   | _               |
| Send transcript(s) to:   |                 |
|  |                 |
|  |                 |
|  |                 |
| Current name:  |                 |
| Current phone number or email address (to be used if further information is re | equired).       |
|  |                 |
| Any other information of significance.   |                 |