Mail or Fax form to:
Health-Tech Institute of Memphis
571 Vance Avenue
Memphis, TN 38126
Phone: 901-529-9007
Fax: 901-529-1200

Current Name (Last, First, Middle) _____

Former Name (if applicable) _____

Telephone _____ Date of Birth _____

Address _____ City, State _____ Zip _____

Signature _____ Date of Request _____

Complete the following information:

Are you currently enrolled at HTIM? ____ Yes ____ No – If currently enrolled, list dates of attendance: _____

Reason for Request:

____ Undergraduate School ____ Personal Copy ____ Externship

Other: Please Specify _____

Release Academic Record to (Name/Address/Fax). Please Print:	**# of Copies**
(Attach additional addresses if necessary.)	

OFFICE USE ONLY Initials: _____ Date Sent: _____ Comments: _____