

Lutheran School of Nursing  
Health Records Request Form

Name (Maiden): \_\_\_\_\_

Please Mark: Current Student \_\_\_\_\_ Alumni \_\_\_\_\_ Graduate Class: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ last 4 digits of SSN: XXX-XX-\_\_\_\_\_

Please indicate specifically which records you are requesting copies:

Signature: \_\_\_\_\_

**Please mail request form to the school, Attn: Registrar**

3547 S. Jefferson St. Louis, Mo 63118

There is a \$5 cash, check or money order fee for copies due at time of request.  
Allow 5 business days for the Registrar to complete your request.

*Current students:* copies will be placed in your LSN mailbox.

*Alumni:* copies will be mailed at the address provided below:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ zip: \_\_\_\_\_

Copies may NOT be released to a third party.

LSN reserves the right to deny release of records.

Records remain on file at LSN for a limited time after a student graduates.

Office use only:

Date rec'd: \_\_\_\_\_ E.C. use only:  
Rec'd by: \_\_\_\_\_ Date to LSN box/mail: \_\_\_\_\_

\$5 fee pd.:  Yes  No Completed By: \_\_\_\_\_

09/01/17

Comments: \_\_\_\_\_