Health Sciences Records Request Form

□ Digital Certificate Copy

□ Copy of Billing invoice

□ Coronal Polishing Class Date: _____

□ Pit and Fissure Sealant Class Date:_____

Student Information

Name:_____

Email:_____

Email initially used for Certificate: _____

Student Notification and Authorization

I, _____ Authorize, the Health Sciences Department at Grayson College, to release my educational records for my personal use on this day.

Name: _____ Date:_____

Please attach a copy of your state license/ID with your ID Numbers blocked out and not viewable for security and your protection. Please email both the form and ID copy to dental@grayson.edu.