

**SAINT ANTHONY COLLEGE OF NURSING—ROCKFORD, ILLINOIS  
VERIFICATION OF TRANSFER/WITHDRAWAL/DISMISSAL FORM  
ANOTHER NURSING AND/OR HEALTHCARE PROGRAM**

**STUDENT RELEASE**

Applicant's Name \_\_\_\_\_  
Previous Name(s) Used: \_\_\_\_\_ DOB: \_\_\_\_\_  
Previous Program \_\_\_\_\_

Please check all items that apply:

- I left the above program voluntarily, while in good academic standing.
- I left the above program voluntarily, but I was not in good academic standing
- I was dismissed from the above program.

Reason for leaving the program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize \_\_\_\_\_ (name of college or university) to release information as to my transfer/withdrawal/dismissal from the nursing/healthcare program.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PROGRAM VERIFICATION**

*To be completed by the administrator for the nursing and/or healthcare program:*

- I agree with the above statements made by the applicant.  
comments: \_\_\_\_\_  
\_\_\_\_\_
- I disagree with the above statements made by the applicant.  
comments: \_\_\_\_\_  
\_\_\_\_\_
- I choose not to respond to the above statements.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Title \_\_\_\_\_