



Financial Record Request

A current or former student may request a copy of their financial records at any time. These records will show the amount paid by the student, the dates of payment, and any outstanding balance. Email the completed form to Ann Ridder at aridder@augustahealth.com; mail to 78 Medical Center Drive, Fishersville, VA 22939; or fax to 540-332-4539.

Please print clearly.

Full Name: _____ Date: _____

Full Name at time of program completion (if different than above): _____

Last Four of SSN: XXX-XX- _____ Date of Birth (mm/dd/yyyy): _____

Current Address: _____

Phone Number: _____ Email: _____

Dates of Attendance/Graduation: _____

Send Financial Records to: _____ Number of Copies Requested: _____

Name: _____

Address: _____

Special Instructions: _____

By signing below, I authorize the release of my School of CLS financial records to the person/organization named on this form.

Student/Graduate Signature (required): _____ Date: _____

Notes: Allow five business days for processing. You may contact the school at 540-332-4539 to check the status of your request. This form may be used for students/graduates of: Augusta Health School of Clinical Laboratory Science, Augusta Medical Center School of Clinical Laboratory Science, and King's Daughters' Hospital School of Medical Technology.