

Dallas Nursing Institute

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Dallas Nursing Institute Associate Degree of Nursing

Reference Form

Section to be completed by applicant:

Applicant's name: Gavan Paula _____
Last First Middle Maiden

Print the name of the person completing the reference. Do not use friends or family members as references.

Name: _____ Occupation: _____

The above applicant is a candidate for admission to Dallas Nursing Institute. Your comments will be used by the Associate Degree of Nursing Admissions Committee to assist in making an admission's decision.

Reference form is to be returned to applicant in a sealed envelope and submitted with application to Dallas Nursing Institute. Please have person filling out reference form sign his/her name on envelope flap.

Applicant's Access to Reference

In accordance to Public Law 93-380 Family Educational Rights and Privacy Act (FERPA), strict confidentiality will be observed regarding student information. Furthermore, it gives the student or the applicant the right to relinquish access to the reference. Please check one:

- ☐ I relinquish my right of access to this reference.
- ☐ I do not relinquish my right of access to this reference.

Applicant's signature: 

Date: _____