

PART I – TO BE COMPLETED BY THE BORROWER (COMPLETE IN INK)

Name	Social Security #	ACS Account # (if available)
Street Address	City	State
Zip	Date of Birth	Email Address
Home Phone #	Cell Phone #	Work Phone #

NURSING/NURSING INSTRUCTOR SERVICE CANCELLATION

BEGINNING (mm/dd/yyyy)	ENDING (mm/dd/yyyy)
------------------------	---------------------

Altered dates will not be accepted

THIS IS TO CERTIFY THAT I WAS EMPLOYED AS A FULL-TIME REGISTERED NURSE/NURSING INSTRUCTOR FOR THE ABOVE DATES AT:

Hospital/School Name	Hospital/School Street Address	
City, State, Zip	Telephone #	

THIS FORM IS INVALID WITHOUT BORROWER'S SIGNATURE, SOCIAL SECURITY NUMBER, BEGINNING AND ENDING DATES, AND PART II CERTIFICATION.

I HEREBY CLAIM THAT THE ABOVE INFORMATION IS TRUE.

X _____
Borrower's Signature Date

PART II – TO BE COMPLETED BY HUMAN RESOURCE DEPARTMENT

I CERTIFY THAT THE INFORMATION STATED ABOVE IS CORRECT.

X _____
Signature of Authorizing Official Date

Printed Name, Title, and Address of Official	Official Stamp or Seal If no stamp or seal is available, please provide letterhead certification.	
Telephone #		
Dates Employed <u>Full-time</u> (mm/dd/yyyy)	From:	To:
Dates Employed <u>Part-time</u> (mm/dd/yyyy)	From:	To:

**RETURN FORM TO:
ACS, INC. – ATTN: LINDA
900 Commerce Drive, Ste. 320
Oak Brook, IL 60523
800.432.2372 ext 2788
FAX 630.203.2796**