BAPTIST COLLEGE

OF HEALTH SCIENCES

STUDENT INFORMATION REQUEST FORM

Please indicate the type of information that you are requesting the Registrar's Office to release. Check item(s) from the following selection:

	SpringSummerFall
	Verify dates of enrollment/classification/current major or program
	Include enrollment status (part-time or full-time)
	Indicate cumulative grade point average
	List anticipated graduation date as reflected in the student system
	Indicate number of credit hours enrolled
	Provide verification of degree
	Other (specify additional details/instructions required to complete request)
If1	there is a form that should be completed, please attach for processing
Metho	d of receiving completed documentation (<u>check one</u>):
🗆 Via	U.S. mail (indicate mailing address and to whom the document should be directed):
□ Via	a fax (provide fax number)
	ill pick-up Date/ A.MP.M

□ Via Email	

□ Please include my social security number on the letter. SS#_____

Student Name (Print):

Signature: ______ Student ID Number or Birthdate: _____

Telephone Number: _____ Date: _____

NOTE: PLEASE ALLOW 48 BUSINESS HOURS TO PROCESS YOUR REQUEST. (Revised 4/18/2018-jb)