



BAPTIST COLLEGE
OF HEALTH SCIENCES

The Family Rights and Privacy Act of 1974 (FERPA) is a Federal law that protects the privacy of student education records. In accordance with FERPA, Baptist College of Health Sciences does not disclose academic information to a third party without written consent of the student.

Official transcripts can be requested from the Registrar's Office for \$8.75 per copy. Transcript requests may be sent either by U.S. mail, fax, or requests can be presented in person at the BCHS Enrollment Services Office. For your convenience, complete the "***Transcript Release Form***" (*highly recommended*) or forward a written request to include:

- Your Full Name (and former names, if applicable)
- Social Security Number
- Date of Birth
- Dates of Attendance
- Indicate if you attended either Baptist College of Health Sciences, or Baptist Memorial Hospital School of Nursing, Medical Radiography, Nuclear Medicine, Radiation Therapy, Diagnostic Medical Sonography, or St. Joseph School of Nursing,
- Your Current Address and Telephone Number
- Name(s) and Address(es) of each transcript recipient
- Your legal signature to authorize release of transcript

Indicate if your transcript should be mailed or will be picked up. Also note if transcript should be processed after current semester grades are posted, held for degree posting, held for grade change, or any other special handling instructions.

To submit transcript request by mail, send requests to:

Baptist College of Health Sciences 1003 Monroe Avenue Memphis, TN 38104

Be sure to enclose a check or money order (payable to BCHS) in the amount of \$8.75 per transcript copy. **PLEASE DO NOT SEND CASH THROUGH THE MAIL.**

Transcript requests may be faxed to 901-572-2461. To expedite the payment process for faxed transcript request, credit card payment is required. Please include the credit card type (Visa, MasterCard, etc.), the credit card number, expiration date, and cardholder's name (as it appears on the card). You may also contact Student Accounts at 901-572-2442 to make a credit card payment.

PLEASE ALLOW TWO BUSINESS DAYS FOR PROCESSING AFTER PAYMENT AND REQUEST ARE RECEIVED. Transcripts will not be released for individuals with outstanding financial obligations to the College. If a transcript cannot be released due to financial holds, you will be notified. Please call the Registrar's Office at 901-572-2554 if you have any questions regarding your request or this process.

FOR OFFICE USE ONLY:
 FEE PAID \$ _____
 TRANSCRIPT SENT

TRANSCRIPT RELEASE FORM

Official Transcript (\$8.75 fee per copy) --OR-- Unofficial Transcript (no fee required)

PLEASE SELECT ALL THAT APPLY:

Hospital-Based Programs

Hospital-Based Programs

___ Baptist College of Health Sciences

___ School of Phlebotomy

___ Diagnostic Medical Sonography

___ Baptist School of Nursing

___ School of Medical Laboratory Tech

___ Medical Radiography

___ St. Joseph School of Nursing

___ School of Laboratory Assistant

___ Nuclear Medicine

___ St. Joseph School of Radiology

___ School of Respiratory Care

___ Radiation Therapy

NAME _____
Print Last First Middle Initial Former

Birth Date ____/____/____ (required)

Method of Payment: Cash, Check, Money Order, or Credit Card

Today's Date ____/____/____

CREDIT CARD# _____ EXP: ____/____/____
Month Year

Please Select One: NO SAME DAY PICK-UP (NO EXCEPTIONS)

Currently enrolled? Yes No

___ Fax List Fax Number _____ (Unofficial Copy Only)
 ___ Email: _____ (Unofficial Copy Only)

Entrance Date ____/____/____

___ Mail Now
 ___ Will Pick Up Date ____/____/____ A.M. _____ P.M. _____
 ___ Hold for Current Semester Grades _____
Semester Year

Last Year Completed _____

___ Hold for Degree _____
Type of Degree Semester Year

**PLEASE ALLOW AT LEAST 48 HOURS FOR PROCESSING
 AFTER REQUEST AND PAYMENT ARE RECEIVED.**

Release Academic Information To: (Complete separate requests for each additional address.)

(Print Name of Person, Office, or College and Complete Address)

Print Your Current Address:

Signature _____

Telephone Number _____ - _____ - _____