



As of 3/20/2017, all official transcripts from Baptist College of Health Sciences must be ordered from the National Student Clearinghouse at <http://www.studentclearinghouse.org>. Select “Order-Track-Verify” and then select Baptist College of Health Sciences from the list of schools.

All other official transcripts from previous colleges such as the Baptist School of Nursing (ended in 1997), St. Joseph’s School of Nursing, St. Joseph’s School of Radiography, or the Hospital-based Programs must use the form below. 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. Indicate if your transcript should be mailed or will be picked up.

Unofficial transcripts are only available for current students and can be accessed for free by logging into your MyCampus account, selecting the Student tab, and selecting the View Unofficial Transcript link.

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.

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.

TRANSCRIPT RELEASE FORM

Official Transcripts Only (\$8.75 fee per copy)

FOR OFFICE USE ONLY:

- FEE PAID \$ _____**
- TRANSCRIPT SENT**

PLEASE SELECT ALL THAT APPLY:

Hospital-Based Programs

Hospital-Based Programs

- ___ **Baptist School of Nursing (ended 1997)**
- ___ **St. Joseph School of Nursing**
- ___ **St. Joseph School of Radiology**

- ___ **School of Phlebotomy**
- ___ **School of Medical Laboratory Tech**
- ___ **School of Laboratory Assistant**
- ___ **School of Respiratory Care**

- ___ **Diagnostic Medical Sonography**
- ___ **Medical Radiography**
- ___ **Nuclear Medicine**
- ___ **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:** ____/____ **CVC:** _____
Month /Year

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

___ **Mail Now**
___ **Will Pick Up** **Date** ____/____/____ **A.M.**____ **P.M.**____

Entrance Date ____/____/____

Last Year Completed _____

**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)

Signature _____

Print Your Current Address:

Telephone Number _____ - _____ - _____

The Family Educational Rights & Privacy Act of 1974, as amended, prohibits the release of this information to a third party without written consent of the student.