



STUDENT SERVICES DEPARTMENT

REQUEST FOR TRANSCRIPT

*** PLEASE TYPE OR PRINT. ALL INFORMATION MUST BE COMPLETE***

NAME AT TIME OF ENROLLMENT: _____

PRESENT NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

SOC. SEC.#: _____ AREA + TELEPHONE #: _____

(Please Indicate ✓)

Department: () Radiologic Technology () Diagnostic Medical Sonography () Professional Nursing () Surgical Technology () Vocational Nursing Other: _____

ENROLLMENT PERIOD: FROM ____/____/____ TO: ____/____/____ DOB: ____/____/____

DATE OF REQUEST: _____

I HEREBY AUTHORIZE THE BAPTIST HEALTH SYSTEM SCHOOL OF HEALTH PROFESSIONS TO RELEASE A COPY OF MY TRANSCRIPT TO THE INSTITUTION LISTED BELOW.

SIGNATURE: _____

1st. location

ORGANIZATION: _____

ATTENTION: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TYPE OF TRANSCRIPT: OFFICIAL _____ UNOFFICIAL _____

2ND location (Use a separate request for each additional address)

ORGANIZATION: _____

ATTENTION: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TYPE OF TRANSCRIPT: OFFICIAL _____ UNOFFICIAL _____

NOTE: OFFICIAL TRANSCRIPTS ARE SENT DIRECTLY TO THE INSTITUTION YOU HAVE AUTHORIZED. ONLY UNOFFICIAL TRANSCRIPTS WILL BE GIVEN TO THE REQUESTOR.

COST PER TRANSCRIPT: \$5.00

MAKE CHECK PAYABLE TO: BAPTIST HEALTH SYSTEM

FORWARD TO: BHS School of Health Professions

Student Services Department

8400 Datapoint Drive

San Antonio, Texas 78229

PHONE: 210/297-9636 FAX: 210/297-0913

If selecting to pay by credit card, please complete this section:

Type of Credit card: () Visa () Master Card () Discovery () American Express

Credit card number: _____

Name on credit card: _____ Expiration Date: _____
(Please print clearly)

Signature of authorization: _____

ALLOW 5-7 WORKING DAYS FOR PROCESSING OF REQUEST.

In accordance with the Privacy Rights of Parents and Students, you are hereby notified that this information is released on the condition that you will not permit any other party to have access to this information without written consent of the individual involved.

{FOR OFFICE USE ONLY}

RECEIPT # _____ AMOUNT PAID \$ _____ DATE RECEIVED ____/____/____

TYPE OF PAYMENT: () CASH () CHECK NUMBER: _____ () CREDIT CARD
PROCESSED ON: _____

Processing of request: *Indicate one (✓):*

MAILED _____ PICKED-UP _____ DATE ____/____/____ PROCESSED BY: _____