

BAPTIST HEALTH Schools Little Rock

11900 Colonel Glenn, Little Rock, AR 72210

(501) 202-6200, Fax: (501) 202-6070

TRANSCRIPT REQUEST FORM

Official Transcript (\$5.00) _____

Unofficial Transcript (free) _____

Name: _____ SSN: _____

Previous Names Used: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Other Phone: _____

List Dates of Attendance: _____

Program in which you were enrolled: _____

Did you Graduate? _____ When? _____

When to Send Transcript

_____ Now

_____ After grades have been posted

How to Send Transcript

_____ Mail transcript

_____ Fax transcript

_____ Student Pickup

Mail transcript to:

OR

Fax transcript to: _____

Fax number: _____

Please note:

- Transcripts will be processed within five (5) business days, except during registration and grading.
- Account must be in good financial standing for a transcript to be released.
- In accordance with federal law pertaining to the Family Privacy Act, transcripts will not be released to a third party without the student's written request.

Signature: _____ Date: _____

For Office Use Only

Verified with BHMC _____

Date Issued _____

BO Approval _____

Issued By _____