



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: _____

SOCIAL SECURITY#: _____ TELEPHONE# & AREA CODE: _____

(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 Address

ORGANIZATION: _____

ATTENTION: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TYPE OF TRANSCRIPT: OFFICIAL (\$5.00 FEE) _____ UNOFFICIAL (NO FEE) _____

Please circle one: Pick up or Mail to above address

2nd Address

ORGANIZATION: _____

ATTENTION: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TYPE OF TRANSCRIPT: OFFICIAL (\$5.00 FEE) _____ UNOFFICIAL (NO FEE) _____

Please circle one: Pick up or Mail to above address

=====

COST PER OFFICIAL TRANSCRIPT \$5.00
UNOFFICAL TRANSCRIPTS ARE FREE OF CHARGE
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:

(Please print clearly)

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

Credit card number: _____

Name on credit card: _____

Expiration Date: _____

Signature of authorization: _____

=====

ALLOW 3-5 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: _____