Student Services Department
Request for Transcript

Please Allow 3-5 Business days for transcript to be completed

Email completed form to transcripts@bshp.edu

Name at time of enrollment

Present Name

Address

City, State, Zip Code

SSN Telephone & Area Code

choose if other, please specify here

Enrollment Period Date of Birth

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 Type your full legal name as your signature

1st Organization Name

Attention

Address

City, State, Zip Code

Type choose Delivery choose Transcripts sent to student's home will be stamped "Issued to Student"

2nd Organization

Attention

Address

City, State, Zip Code

Type choose Delivery choose Transcripts sent to student's home will be stamped "Issued to Student"

COST PER OFFICIAL TRANSCRIPT $10.00

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

choose Number

Name on Card Expires 3 Digit Code

Signature Type your full legal name as your signature

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.