

Enrollment/Degree Verification Form

Name*: _____ Date*: _____
Last First MI

Baylor ID*(if known): _____ DOB*: _____ Phone*: _____

Information Requested on Form or Letter*

Semester(s) to be verified: _____

Expected Graduation Date _____

Degree Verification Letter - Degree Received: _____ Graduation Date: _____

Letter of Good Standing _____

Other: _____

Office Use Only

Name: _____
Last First MI
Date Sent: _____
Mail | Fax | E-mail | PU | JA

Other Information to be Released (*if none, please leave blank*)

SSN For Military ID? GPA

Baylor ID Good Student Discount Form

Loan Deferment Account #: _____

Insurance Subscriber's Name/Policy #: _____

** Disciplinary Records (** Student Conduct Administration)

Other: _____

Release to (Recipient):

 Pick Up

Name: _____ Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Fax: _____

PLEASE READ BEFORE SIGNING: Records will be disclosed per your instructions above. Baylor University assumes no responsibility for the confidentiality of records that are transmitted by fax, email or other delivery methods for which identification of the recipient cannot be personally verified by a college official.

By signing this form, I authorize Baylor University to release and disclose information from my educational records as specified.

Student's Signature: _____ Date: _____

Signature is required for the release of GPA, SSN, Baylor ID and Disciplinary Records.