

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: _____

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: _____

Office Use OnlyName: _____
Last First MI
Date Sent: _____
Mail | Fax | E-mail | PU | JA

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.