



Must be requested and authorized by the student.

Please clearly print all information.

Student Name _____ Student ID# _____ or Date of Birth _____
Do not list your SSN

Anticipated Graduation Date: JAN MAY SUM DEC 20 _____ Year Entered/Re-entering Taylor: _____

Major(s): _____ Degree: BA BS Other: _____

By signing this request form, I authorize Taylor University to release my student information as directed below. I understand that limited details may be available due to retention best practices and that specific grade and transcript requests are not processed through this form. I also understand that students who have been away for at least three consecutive semesters are required to meet the current curricular requirements for the term of readmission.

Student Signature _____ **Date** _____

Information Request

Check all that apply.

Total Credits Earned Cumulative GPA Major GPA

Unofficial Degree Evaluation: Current, Previous[†], or Transfer[‡] Student (circle one)

[†]Please list approximate dates of attendance: _____

Other: [‡]Please attach an unofficial copy of your transcript(s).

Handling — Student signature above is required to release information.

Check all that apply.

Hold for Pick Up

Mail to: _____

Organization: _____

Address: _____

FAX to #: _____

Name/Attention: _____

Organization: _____

E-Mail to: _____

Name/Attention: _____

Organization: _____

Telephone: () - _____ or () - _____

Name/Attention: _____

Organization: _____

Okay to leave a voicemail with requested information