## TAYLOR UNIVERSITY

## REQUEST FOR AUTOMATIC REPORTING

USE THIS FORM TO HAVE THE REGISTRAR'S OFFICE AUTOMATICALLY SEND INFORMATION EACH SEMESTER

## **STUDENT INFORMATION**

Full Name (Print): Student ID #:	
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Authorizing Signature:

(I hereby grant permission for the request below to be fulfilled)

 Please send my TRANSCRIPT at the END of every semester (TRANSCRIPTS will be sent after grades are posted each semester)

Send to:

Street Address		Phone
City	State	Zip

- □ Please send a LETTER verifying my enrollment every semester
  - □ Send as soon as I am pre-registered
  - □ Send after classes have officially begun

Additional instructions for the letter:\_\_\_\_

Send to:

Street Address		Phone
City	State	Zip

This request will be fulfilled until graduation or withdrawal from the university.