

Student Information Request

Must be requested and authorized by the student.

| Student Name | Student ID# | | | or Date of Birth | | |
|---|--------------------|-------------|-----------|------------------|-----------|---------------------|
| Anticipated Graduation Date: JAN MAY SUM DEC 20 | _ Yea | r Entere | d/Re-ente | ering Taylor | : | |
| Major(s): | Degree: AA | BA BI | M BS | MA | MBA | MES |
| By signing this request form, I authorize Taylor University t | to release my stur | lent inforr | nation as | directed bel | ow | |
| | o release my stat | | nadon as | | | |
| Student Signature | | | | Date | | |
| Information Request | | | | | | |
| Check all that apply. | | | | | | |
| □ Major GPA | | | | | | |
| Unofficial Degree Evaluation: Current, Previous [†] , or Transfer [‡] St [†] Please list approximate dates of attend [‡] Please attack an unofficial conv of you | dance: | | | | | |
| Dther: [‡] Please attach an unofficial copy of you | r transcript(s). | | | | | |
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| Hold for Pick Up Mail to: Organization: Address: Mail to: FAX to #: Name/Attention: Organization: Mame/Attention: Name/Attention: Name/Attention: Name/Attention: | | | | |) leave a | voicemail |
| Hold for Pick Up Mail to: Organization: Address: Address: FAX to #: Name/Attention: Organization: Organization: Organization: Organization: Organization: Organization: | | | | |) leave a | |

Taylor University • Office of the Registrar • 236 W Reade Ave, Upland, IN 46989 • TEL (765) 998-5129 • FAX (765) 998-4791 • E-MAIL registrar@taylor.edu