

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).					
Handling — Student signature above is required to release in						
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Hold for Pick Up	nformation.				(heck all that appl
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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