



**BEVILL STATE COMMUNITY COLLEGE**  
**Certification of High School GPA**  
**for Nursing Admissions**



Name: \_\_\_\_\_

SSN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

High School: \_\_\_\_\_

By my signature, I give permission for my high school to release the following information to Bevill State Community College.

Student's  
Signature: \_\_\_\_\_

I certify that the above student's cumulative high school GPA  
on a 4 point scale is \_\_\_\_\_ (ex. 3.681).

\_\_\_\_\_  
*High School Counselor's Signature*

\_\_\_\_\_  
*Date*

*In order to be accepted, this form must be delivered to Bevill State Office of Student Services in a sealed high school envelope or faxed directly from the high school indicated above to the Office of Student Services.*