



Baptist Health

SCHOOLS LITTLE ROCK

11900 Colonel Glenn Road
 Little Rock, AR 72210-2820
 501.202.6200 1.800.345.3046
 FAX 501.202.6220

transcript release form

bhslr.edu

Applicant: To request Official Transcripts* **send this form to ALL** high schools, colleges, universities, vocational schools, private schools, military schools, etc. you have attended.

To request an Arkansas GED transcript, send this form to: GED Testing Services - Adult Education Section, Luther Hardin Building #601, #3 Capitol Mall, Little Rock, AR 72201. Before sending this form, check with the schools to see if there is a charge. Telephone: 501-682-1978.

**"Official Transcript" means that the completed transcript is sent directly to Baptist Health Schools Little Rock from the other institution and contains the institutions' official seal. Official Transcripts may be hand delivered by applicants if the envelope seal is NOT broken.*

Name: _____
LAST FIRST MI MAIDEN OTHER SURNAME(S)

Name as listed on Transcript: _____

Social Security Number: _____ Date of Birth: _____

Current Address: _____
STREET CITY STATE ZIP

Current Telephone Number: _____

Name of Institution: _____ Dates Attended: _____

Applicant Signature: _____ Date: _____

Registrar: Return this form with an Official Transcript with seal attached to Baptist Health Schools Little Rock, 11900 Colonel Glenn Road, Little Rock, AR 72210.