

# VERIFICATION LETTER Request/Release Form



THE GRADUATE SCHOOL of  
BIOMEDICAL SCIENCES

Baylor College of Medicine

STUDENT NAME:	BCM ID:
GRADUATE PROGRAM:	Date:

**Official or Unofficial Transcripts** can be obtained by completing the Transcript form from the Office of the Registrar in DeBakey 210 or at [registrar@bcm.edu](mailto:registrar@bcm.edu)

**Verification Letters** – Can be requested from the Graduate School or your Program Administrator  
If your requesting the letter from the Graduate School, complete this form and place in the drop box in N204. Please allow at least three business days for processing.

Verification Letter
Can be requested from the Graduate School or your Program Administrator
<input type="checkbox"/> Verification Letter -- Number of copies needed: _____  <input type="checkbox"/> Yes, I want my social security number to appear on the letter.

You will receive an email when your documents are available for pickup from the Graduate School, N204

\_\_\_\_\_  
Student Signature (sign when you pick up documents)

\_\_\_\_\_  
Date