



Document Request Form

Name: _____ Date of Birth: _____
Last First Middle MM/DD/YYYY

Program(s): CBS BAR M.Div. D.Min. Th.D.

Mailing Address: _____
Street City State Zip

Phone: _____ Email: _____

Documents Requested:

Verification of Attendance Letter \$10.00

Request other documents on the lines below*

_____ \$ _____

_____ \$ _____

_____ \$ _____

* The cost of other documents varies by request. The Business Office will contact you using the information provided above regarding costs of other requested documents.

Please allow one week for processing after submission of this form and payment. The requested documents will be sent to the address given above.

Signature: _____ Date: _____
MM/DD/YYYY

ADMINISTRATION ONLY	
Signature: _____ Business Manager	Date: _____ MM/DD/YYYY
Signature: _____ Registrar	Date: _____ MM/DD/YYYY