



## Academic Records Release Form/Application

Please print legibly

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ (Home)

\_\_\_\_\_ Ext \_\_\_\_\_ (Work)

Email \_\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Social Security Number \_\_\_\_\_

Program of Study (Please check one)

- Ministerial Studies Diploma
  - Certified Minister Level
  - Licensed Minister Level
  - Ordained Minister Level
- Bible and Doctrine Diploma
- Urban Bible Training Ministerial Studies
- Royal Ranger Organizational Leaders Diploma
- Church Ministries Diploma
- Christian Service Certificate

(Note: These records are kept confidential. You will receive a Student ID number different than your Social Security Number for your protection. However, your SS# is used as a verification when checking on grades.)

### Refund/Cancellation Policy

An enrollment may be canceled by an applicant student within five (5) business days. From five (5) business days after enrollment and until nine (9) months from the enrollment date or until the time that the final exam has been received, the school will retain a 20 percent registration fee. Refunds will be given only on materials that are in resalable condition. No refund will be made after five (5) business days for the New Student Application Fee.

### Academic Release Authorization

I authorize Study Center Leadership from:

\_\_\_\_\_

(church or organization)

\_\_\_\_\_

(City)

(State)

to request academic information from my official student record which is kept with the Berean School of the Bible in Springfield, Missouri until I contact the school and withdraw this authorization in writing.

I understand that Berean School of the Bible offers non-degree courses and that they are calculated in Continuing Education Units, not college credits.

I understand e-mail is considered a primary method for communication and is intended to meet the academic and administrative needs of the University. I agree to monitor my Global University student e-mail account on a regular basis.

My signature below indicates that I have read and agree to the provisions and policies represented in this release authorization.

\_\_\_\_\_

(Student Signature)

\_\_\_\_\_

(Date)