

Date Rec'd: _____
Date Sent: _____
DB: _____

Burlington College IDP/Israel BA Completion Program Documentation Request Form

No processing of request will begin until payment and completed form with original signature are received by the Registrar's Office. Emailed and telephoned requests are not accepted.

Submit original form to: Or fax to 802-660-4331
Office of the Registrar
Burlington College
95 North Ave
Burlington, VT 05401

Student's Name (please print) _____

Student Israel ID # _____

Birth Date (month/day/year) _____

Degree Completion Date: _____

Any other names possibly enrolled under: _____

Email address (Used to contact in case of questions): _____

Requested Documentation (check all that requesting)

- Verification of Completion Letter
- Official Transcript
- Diploma

Specify Mailing Address

(Certified documentation will be sent standard mail; it is not sent electronically.)

Payment

Please provide credit card information below. The credit card will be charged 10\$US plus a 3% processing fee when documentation is mailed. A check payable to Burlington College in the amount of 10\$US may be mailed with this request in lieu of credit card authorization; however, processing may be delayed to permit clearing of the check.

Type of Card: Mastercard Visa (circle one)
Name as Appears on Card: _____
Card Number: _____
Expiration Date: _____

Your signature below is necessary to authorize the release of your educational records and to authorize credit card payment.

Student Signature _____ **Date** _____