



WILLIAMS
BAPTIST COLLEGE

Office of Academic Affairs
56 McClellan Dr. #3735 • Walnut Ridge, AR 72476
Phone 870-759-4128/870-759-4130 • Fax 870-759-4257

Information Request Form

Student Name: _____
First Middle Last

Maiden/other names used: _____

Current Address: _____
P. O. Box/Street Address

City State Zip Code

Current Phone Number: _____ Email Address: _____

Date of Birth _____ Student ID Number _____

Current Student: ___ Yes ___ No If no, last semester and year of attendance: _____
Semester Year

Campus Enrolled At: ___ WBC ___ Bradford ___ Piggott ___ Hoxie
___ Ridgefield Christian

Is the above information a change in name, address, and/or phone number? Yes No

Check All That Apply	Item Requested	Number of Copies Requesting
	Verification of Enrollment	
	Letter of Good Standing	

Note: Your signature on this form indicates you are giving Williams Baptist College permission to release the above checked items of information to the specified third party.

Please indicate method of delivery.
_____ Mail _____ Pick Up (Allow 24 Hours)

Mail To: _____

Date for Office Pick Up (Allow 24 hours) _____

Signature (Required for any of the above requests) _____

Date _____