



CONSENT FORM

Please allow a minimum 7-10 business days for processing

Please submit via an email from your Bucks email account to DocRequest@bucks.edu. Emails from personal email accounts will not be accepted.

I, _____ give Bucks County Community College authorization to complete
(print name)

and sign the transfer evaluation form including disciplinary and academic records for the following school(s):

(school name) (office/attention and street address)

(city, state zip)

(fax number/email)

(school name) (office/attention and street address)

(city, state zip)

(fax number/email)

(school name) (office/attention and street address)

(city, state zip)

(fax number/email)

****If you are sending reports to more than three institutions, please continue on another form**

Student signature: _____ Student ID number: _____

Bucks email address: _____

Student phone number: _____

Date: _____

To Be Completed by Bucks County Community College Departments

Dates Enrolled: _____ GPA: _____ Disciplinary Action: _____

Mailed/Emailed/Faxed: _____