



# *Bahamas Academy of Seventh-day Adventists*

Office of The Registrar  
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Telephone: (242) 461-2100  
Email: registrar@bahamasacademy.org

## LETTER OF VERIFICATION REQUEST FORM

PLEASE PRINT CLEARLY

DATE OF REQUEST: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

FULL NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ NIB #: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
MM DD YYYY

FIRST DATE OF ENROLMENT: \_\_\_\_ / \_\_\_\_ LAST DATE OF ENROLMENT: \_\_\_\_ / \_\_\_\_  
MM YYYY MM YYYY

CURRENT ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### STATUS:

CURRENT STUDENT: \_\_\_\_\_  GRADUATED: \_\_\_\_ / \_\_\_\_  WITHDREW: \_\_\_\_ / \_\_\_\_  
GRADE MM YYYY MM YYYY

### Reason For Verification Letter Request:

Passport Office  National Insurance Board  US Embassy  Lost High School Diploma  
 Other \_\_\_\_\_ FEE DUE: \$5.00 FEE PAID

State to whom the letter should be addressed:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Signature of Parent: \_\_\_\_\_

For Business Office Only	For Registrar Only
Financial Hold: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Issued: ____ / ____ / ____ MM DD YYYY
Signature: _____	Signature: _____