



1009 N. Georgetown St., Round Rock, TX 78664
(512) 255-1720 Fax (512) 244-8401

Degree Verification Form

Date: _____

Student Name: _____ SS# _____
Name when degree was completed

Birthdate: _____ Birthplace: _____

School/Facility: _____

Address: _____

I have applied to become a provider with Bluebonnet Trails Community Services. In order to more thoroughly evaluate my capabilities and qualifications Bluebonnet Trails Community Services has requested further information regarding my:

- Verify My Degree** **I am aware that I have a hold on my records**
- My Transcripts (please send copy) For Payment of Transcript, call Peter Gallimore at 512-255-1720.**

Please complete the items below applicable to the boxes checked above and return to:

**Bluebonnet Trails Community Services
Attn: Peter Gallimore
1009 North Georgetown Street
Round Rock, TX 78664**

Thank you for your assistance
Sincerely,

(Signature) Recipient Name

Provider Phone Number

For School Completion Only Degree Verification

Date of Graduation: _____ **Major:** _____ **Degree Awarded:** _____

Concentration in which degree was awarded: _____ **Sending Transcripts**

Signature of Person Verifying: _____ **Print Name:** _____

Title: _____ **Department:** _____ **Date:** _____