

Letter of Goodstanding Request Form

ID/SOCIAL SECURITY # _____ **DATE** _____

NAME _____

SEND TO ADDRESS BELOW:

STUDENT SIGNATURE: _____

(This letter will include current GPA)

Student Financial Services _____
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Ouachita Baptist University - Registrar's Office - P.O. Box 3757
Arkadelphia, AR 71998-0001
Phone: 870-245-5578 Fax: 870-245-5194