

VERIFICATION REQUEST

Section A: Student Information

Student Name: _____

Student ID: _____ Phone Number: _____
If SSN, last 4 digits ONLY

Email Address: _____ Birth date: _____

Currently Enrolled Yes No

Section B: Type of Verification

<input type="checkbox"/> Academic Standing	_____	Number of Copies
<input type="checkbox"/> Certification of Degree		<input type="checkbox"/> Check here to pick up verification in person (PHOTO ID REQUIRED)
<input type="checkbox"/> Degree Pending*		<input type="checkbox"/> Check here to receive verification by email
<small>Please confirm graduate date is correct in OSCAR</small>		OR
<input type="checkbox"/> Overall GPA		Mailing Address or Fax: _____
<input type="checkbox"/> Pre-Registration Letter		_____
<input type="checkbox"/> Rank		_____
<input type="checkbox"/> Transient Letter		Special Instructions: _____
<input type="checkbox"/> Enrollment Verification		_____

Student Signature: _____ Date: _____

FOR REGISTRAR'S OFFICE USE ONLY

Received by: _____ Date: _____