



ENROLLMENT/DEGREE VERIFICATION

Student's Name: _____

SS#: _____ - _____ - _____

Degree: _____

Major: _____

GPA: _____

Dates Attended: _____ - _____

Date Degree Awarded: _____

I authorize my student record information to be provided to the organization that is requesting it.

Signature: _____

Contact Information for Organization Requesting Student's Information:

Fax: _____

Is a return phone call OK? _____

Is a return Fax required? _____