

Registrar's Office

Name: _____ Student ID#: _____ Email: _____

Address: _____

_____ City State Zip

Major : _____ Classification: Fr So Jr Sr Graduate

Birthdate: _____ Phone: _____

PLEASE PROVIDE:

() my entire enrollment history

() proof of my enrollment for 20_____ Spring Fall Summer

() verification of my GPA (account balance must reflect zero)

() proof of my awarded degree (account balance must reflect zero)

I will pick this letter up _____
Date

I would like my verification faxed to: _____

I would like my verification emailed to: _____

I would like my verification mailed to: _____

_____ City State Zip

Signature: _____ Date: _____