



Enrollment Verification
Graduate Center: Registrar

Student Section:

I, (please print name) _____, request that the following information from my academic file be released by the office of the Graduate Registrar.

Term and year for verification (Choose one):

Fall (year) _____ Spring (year) _____ Summer (year) _____

Contact number: (____) _____

Student ID# _____

Release GPA? Yes No Release SSN? Yes No

Pick Up

Mail to: _____

Fax to: _____ Attn: _____

Student Signature _____ **Date:** _____

Registrar Verification Section: (To be completed by the Office of the Graduate Registrar.)

Date _____

To Whom It May Concern:

This letter is to certify that (student name) _____ with Social Security Number (SSN) _____ is a _____ graduate student at Azusa Pacific University and is registered for _____ units for the _____ term beginning ____/____/____ and ending ____/____/____.

The student's cumulative GPA is _____.

Sincerely,

Norma Mocabee
Graduate Registrar

School Code 001117

Unofficial Without Signature and Seal

Office of the Graduate Registrar • Azusa Pacific University
901 East Alostia Avenue • P O Box 7000 • Azusa, CA 91702-7000 • (626) 815-4570 • Fax (626) 815-4580