AZUSA PACIFIC UNIVERSITY

Enrollment Verification Letter Request
Graduate and Professional Registrar

Instructions:

Complete one request for each term.

Enrollment verification letters cannot be processed before the enroll/drop date has passed for each term.

Print form to sign and date, then form can be submitted by mail, fax, or PDF to email.

Student Section:

I request that the following information from my academic file be released by the Graduate and Professional Registrar.

Name _____ APU ID# (required) _____

Phone (_____) _____ Email _____ Soc Sec # (opt.) _____-_____-_____

Term and year for verification **(Choose one)**:

☐ Fall _____ ☐ Spring _____ ☐ Summer _____

Release GPA? ☐ Yes ☐ No **Release SSN?** ☐ Yes ☐ No

I request an Enrollment Verification Letter be:

☐ **Held for Pick Up at the Graduate and Professional Center**

☐ **Mailed to:** _____ Attn: _____

Address _____ City _____ State _____ Zip _____

☐ **Emailed to:** _____ Attn: _____

☐ **Faxed to:** (_____) _____ Attn: _____

Original Signature Required - Print Form to Sign and Date

_____

Student Signature (REQUIRED – Cannot process without student signature) Date

Registrar Verification Section: (To be completed by the Graduate and Professional Registrar.)

To Whom It May Concern: Date _____

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,

Andrew Gilbert
Graduate and Professional Registrar **Unofficial Without Signature and Seal** ***School Code 001117***

Form can be submitted by Mail, Fax, or PDF to Email
Mailing Address: Azusa Pacific University, Graduate and Professional Center, P.O. Box 7000, Azusa, CA 91702
• **Telephone:** (626) 815-4570 • **Fax:** (626) 815-4545 • **Email:** gpcregistrar@apu.edu