



Student Section:

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

Contact Number: (____) _____ Student ID Number _____

*Note: I understand that my verification will include my social security number in order to provide positive identification.

Please check if you have any of the following:

Minor Concentration Double major Double degree

Mail to: _____

Fax to: (____) _____
Attn: _____
 Pick Up

Student Signature _____ Date _____

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

Date: _____

To Whom It May Concern:

This letter is to certify that (student name) _____ with Social Security number (SSN) _____ has completed their _____

as of ___/___/___.

Sincerely,

Jennifer Moore
Undergraduate Registrar

Unofficial Without Signature and Seal