



**Student Section:**

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

Term and Year for Verification (choose 1):  Fall \_\_\_\_\_  Spring \_\_\_\_\_

Contact Number: (\_\_\_\_) \_\_\_\_\_

Student I.D. Number: \_\_\_\_\_

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

Release GPA?  Yes  No

Pick Up

Mail to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fax to: (\_\_\_\_) \_\_\_\_\_ Attn: \_\_\_\_\_

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) \_\_\_\_\_ is a  full-time  half-time student at Azusa Pacific University and is registered for \_\_\_\_\_ units for the \_\_\_\_\_ semester beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ and ending \_\_\_\_/\_\_\_\_/\_\_\_\_. The student's cumulative GPA is \_\_\_\_\_.

Sincerely,

Jennifer Moore  
Undergraduate Registrar

**Unofficial Without Signature and Seal**