



Student Section:

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

Cumulative GPA or Semester GPA

*If Semester GPA, 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.

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 student at Azusa Pacific University with a _____ GPA of _____.

Sincerely,

Jennifer Moore
Undergraduate Registrar

Unofficial Without Signature and Seal