

REQUEST FOR INFORMATION OR VERIFICATION

STUDENT NAME _____
Last First MI

STUDENT ID NUMBER

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 TELEPHONE _____

SEMESTER Fall Summer Spring YEAR _____

Please place an "X" in each box below to indicate the information to be included in your certification letter:

- | | | |
|---|--|---|
| <input type="checkbox"/> Current semester standing | <input type="checkbox"/> Special information (fill in section below) | <input type="checkbox"/> Expected graduation date |
| <input type="checkbox"/> Academic standing | <input type="checkbox"/> Previous semester | <input type="checkbox"/> Enrollment history |
| <input type="checkbox"/> Class (Fr, Soph, Jr, Sr) | <input type="checkbox"/> Registered early for next semester | <input type="checkbox"/> Major |
| <input type="checkbox"/> Made dean's list previous semester | <input type="checkbox"/> Cumulative hours | <input type="checkbox"/> Degree earned if graduated |

____ NUMBER OF COPIES

- Pick up by student instead of mailing
 Mail (fill in address below)

SPECIAL INFORMATION TO INCLUDE _____

MAIL TO _____
Name

Street

City State Zip

I HEREBY GIVE MY PERMISSION TO RELEASE THE INFORMATION STATED ABOVE

SIGNATURE _____ DATE _____

Virginia Commonwealth University
Division of Strategic Enrollment Management
Office of Records & Registration
P.O. Box 842520 • Richmond, VA 23284-2520
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