Request for Information to be Released

Last Name, First Name: ____________________________ Student ID #: ____________________________
Street Address: ____________________________ City, State, Zip: ____________________________
Phone Number: ____________________________
Program of Study: ____________________________ Term: ____________________________

Directions: Complete form and return to the Registrar’s Office. This request may be submitted by email, mail, fax, or in person. Information is only released upon the student’s written request. All holds on a student’s account must be cleared before information can be released. Requested information will not be sent via email.

Release:
☐ Enrollment Verification Letter (Specify Semester) ☐ Other: ____________________________

Send Information To:
☐ Will pick-up. Please allow 24 hrs processing time
☐ Fax
   Attention: ____________________________ Fax Number: ____________________________
☐ Mail. Provide the complete address where the information is to be mailed
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________

Processing Time. Once a request has been received by the Registrar’s Office, the requested information will be mailed or faxed within two business days during non-peak times, 5-7 business days during peak times (December-January, April-May, and July-August).

Student Signature: ____________________________ Date: ____________________________