# Enrollment/Degree Verification Request

**CHSU** CALIFORNIA HEALTH SCIENCES UNIVERSITY

Office of the Registrar

*The Family Educational Rights and Privacy Act (FERPA) is a federal statute that prevents California Health Sciences University from providing student record information (excluding directory information) to anyone but the student without the student's written authorization.*

## INSTRUCTIONS

Please complete this form in its entirety and submit it to registrar@chsu.edu.
This request can take up to 3-5 business days to process.

## STUDENT INFORMATION

Student Name: _____  Email: _____
            First Name                    MI        Last Name

Student ID: _____ Program: _____ Class of: _____ Date of Birth: _____ Phone Number: _____

## VERIFICATION INFORMATION

*Note:    Verification letters include expected/actual graduation date, enrollment status, and college level.
          For identification purposes, letters include the student's name and ID number.*

**Type of Verification Requested: (check one):**

    Attached Form - description_____

    Enrollment Verification Letter

    Degree Verification Letter

    Letter of Good Standing

**Purpose of Verification Request (***Scholarship, membership, housing, etc.***):** _____

**Include GPA if applicable? (check one):**    No    Yes

**Include your partial SSN? (check one):**    No    Yes *(This option cannot be emailed!)*

**Delivery Method (check one):**

    Email to Student

    Student Pick-up from Office of the Registrar

    Postal Mail To:    Name/Company: _____

        Street Address: _____

        City, State, Zip: _____

    Fax #: _____ Attention: _____

    Third Party Email: _____ Attention: _____

## AUTHORIZATION

I understand the information may be released verbally, or in writing, depending on the situation.  I have a right to inspect any written records released pursuant to this consent (*except for parents' financial records and certain letters of recommendation for which the student waived inspection rights*). I understand that I may revoke this consent upon providing written notice. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to the recipient listed above for the specific purpose described above.

▶ Student Signature: _____  Date: _____