

Enrollment/Degree Verification Request

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, then ink sign and date it before submitting to the Office of the Registrar either by email, fax or in person. This request can take 3-5 business days to process.

REQUESTED BY

Student Name: _____ CHSU Email: _____@chsu.edu
First Name MI Last Name

SONIS Student ID: _____ College: COP COM Class of: _____

EDUCATION VERIFICATION INFORMATION

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

- Type of Verification Requested: (check one):**
- Attached Form (description: _____)
 - Enrollment Verification Letter—Enrollment History (includes all enrolled terms)
 - Enrollment Verification Letter—Specific Term Only (specify term: _____)
 - Degree Verification (includes enrollment history)
 - Letter of Good Standing (includes academic/conduct and verified with Student or Academic Affairs)

Include GPA if applicable? (check one): Do Not Include Cumulative GPA Include Cumulative GPA

Include your partial SSN? Letters and forms with SSN cannot be emailed. (check one): Yes No

Reference Number (if applicable): _____

Delivery Method (check one):

Student Pick-up from Office of the Registrar Email to Student

Mail To: Name/Company: _____

Street Address: _____

City, State, Zip: _____

Fax #: _____ Attention: _____

Third Party Email: _____ Agency/company/person _____

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: _____

For Office of Registrar Use Only

Date Received: _____ Received By: _____ Date Processed: _____