

Instructions: Complete this form with all applicable information and return it to the Registrar's Office, TSC Room 246. Your verification can be mailed or ready for pick up within two to three days after receipt of this form. You may also either fax this form to (435) 797-1110 or mail it to the address below. Please note: **STUDENT SIGNATURE IS REQUIRED.**

Student Information:

LAST NAME (please print):		FIRST NAME (please print):
A#	Email Address:	Telephone: () -

Please indicate the enrollment period you need to have verified:

(please check ONE)

- One Semester
 - Fall Spring Summer ...of (year): _____
- One School Year: _____
- Complete History (indicate first term): _____

Do you want your GPA included with your verification?

- Yes No
- If yes, which one: Cumulative Semester

Please indicate your anticipated graduation date (required): _____

How will the verification be delivered?

- Picked Up at Registrar's Office (bring picture I.D.)
- Fax: () - Attention: _____
- Mailed

Name and Address to receive the Verification (if mailing): _____ _____ _____ _____	If this Verification is for an insurance company, please provide the following: Policy Holder Name: _____ Policy Number: _____
---	---

For Office Use Only: Name: _____ Date: _____

I authorize Utah State University to verify all information contained in my academic record and hereby release Utah State University and its employees from any liability for issuing this information.

Student Signature (required): _____ **Date:** _____

This form may be mailed to:
Utah State University • Office of the Registrar • 1600 Old Main Hill • Logan, UT 84322-1600