

# 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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