

Student Verification Request Form

1. Although it can vary, processing time for requests may take up to five business days.
2. Your date of birth will show on your education verification. Loan deferments and verifications for the military may require your social security number (SSN). If you would like your SSN listed, please indicate this on your request. Verifications showing SSN will not be sent via email, for security purposes.
3. Student's signature is required when releasing SSN, academic standing information, or when student has a request on record to prevent disclosure of information (FERPA).
4. Please have your picture ID with you when visiting the Office of the Registrar.

STUDENT INFORMATION

Name: _____ **Student ID# or Birth Date:** _____

Former Name(s) (if applicable): _____

Daytime Phone: _____ **Email:** _____

VERIFICATION REQUEST

How would you like us to send your verification? **Email** **Mail** **Fax**

Send Verification To:

Dept./Company Name:	_____
Person's Attention:	_____
Email Address or Fax #:	_____
Street Address:	_____
City, State, Zip:	_____

Type of Verification (check all that apply)	Special Instructions (check all that apply)	Reason (check all that apply)
<input type="checkbox"/> Current enrollment	<input type="checkbox"/> Add parent(s) name:	<input type="checkbox"/> Loan Deferment
<input type="checkbox"/> Past enrollment:	<input type="checkbox"/> Include acct., policy or ID#:	<input type="checkbox"/> Scholarship
<input type="checkbox"/> Academic standing	<input type="checkbox"/> Include my SSN	<input type="checkbox"/> Military
<input type="checkbox"/> Graduation/degree earned	<input type="checkbox"/> Please complete the attached form	<input type="checkbox"/> Insurance
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

I affirm that I am the above-named student. In compliance with FERPA, I hereby give my written consent and authorize Capital University to release my student record as noted.

Signature: _____

Date: _____

For Office Use Only:
 Processed By _____
 Date Received _____