

REQUEST FOR INFORMATION OR VERIFICATION

STUDENT NAME _____
Last First MI

STUDENT ID NUMBER

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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"/> Previous semester | <input type="checkbox"/> Enrollment history |
| <input type="checkbox"/> Academic Standing | <input type="checkbox"/> Registered early for next semester | <input type="checkbox"/> Major |
| <input type="checkbox"/> Class (Fr, Soph, Jr, Sr) | <input type="checkbox"/> Cumulative hours | <input type="checkbox"/> Class rank |
| <input type="checkbox"/> Made Dean's List previous semester | <input type="checkbox"/> Expected graduation date | <input type="checkbox"/> Degree earned if graduated |
| <input type="checkbox"/> Special information (fill in section below) | | |

____ 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
 Office of Records & Registration
 Division of Student Affairs & Enrollment Services
 P.O. Box 842520 • Richmond, VA 23284-2520
<http://www.vcu.edu/enroll/rar/>