



**Office of the Registrar**  
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## Degree Verification Request Form

**STUDENT NAME:** \_\_\_\_\_

**STUDENT ID#:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**DATE OF GRADUATION:** \_\_\_\_\_ **Degree**  
Program: \_\_\_\_\_

**ADDITIONAL INFORMATION TO BE INCLUDED** (e.g. Employee ID, Account #):

\_\_\_\_\_  
\_\_\_\_\_

**Check box below:**

☐ **Email to** \_\_\_\_\_

☐ **Fax to ( \_\_\_\_\_ )** \_\_\_\_\_ - \_\_\_\_\_

☐ **Mail to the address below:**

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Number & Street Apartment #*

\_\_\_\_\_  
*City/Town State/Province Country ZIP/Postal Code*

**STUDENT SIGNATURE (required):** \_\_\_\_\_ **DATE:** \_\_\_\_\_