

OFFICIAL STATEMENT REQUEST

Did you know? You can immediately print a certificate that verifies your enrollment status for the current or past term online. Just go to <https://www.ronet.wsu.edu/nsc/login.asp> or call the National Student Clearinghouse at (703) 742-7791. This certificate is authorized and certified by WSU.

If you need to verify your enrollment for a future term, or need to verify specific enrollment information such as specific number of hours enrolled, grade point average, degree earned, etc., fill out this form, retain a copy for your records, and mail, fax or deliver in person to the address at the bottom of this page. If you have questions regarding this form, please call 509-335-5346.

PLEASE PRINT OR TYPE.

Student ID Number: _____

Last Name:

First Name:

Middle Name:

Former Name:

Please mark appropriately in both boxes.

Information you request to appear in the statement:
(Check all that apply.)

<p><u>Verification of:</u></p> <p><input type="checkbox"/> Enrollment status (full time, half time, less than half time). Specify year & term: _____</p> <p><input type="checkbox"/> Anticipated graduation date. Specify year & term: _____</p> <p><input type="checkbox"/> Current grade point average. Specify: ___ semester GPA; or ___ cumulative GPA</p> <p><input type="checkbox"/> Major</p> <p><input type="checkbox"/> WSU degree received</p> <p><input type="checkbox"/> Residency status</p> <p><input type="checkbox"/> History of attendance</p> <p><input type="checkbox"/> Other: _____</p>
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Purpose of the request:
(Check only one.)

<p><input type="checkbox"/> Employment</p> <p><input type="checkbox"/> Foreign Embassy</p> <p><input type="checkbox"/> Good Student Discount</p> <p><input type="checkbox"/> Health Insurance (specify subscriber name and number _____)</p> <p><i>If you do not have this information, your verification needs to be sent directly to the policy subscriber.</i></p> <p><input type="checkbox"/> Loan Deferment (specify account number _____)</p> <p><input type="checkbox"/> Military ID Card (must include your anticipated graduation date year/term: _____)</p> <p><input type="checkbox"/> Scholarship</p> <p><input type="checkbox"/> Other: _____</p>
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Delivery method:
(Check all that apply.)

<input type="checkbox"/> Hold for pick up. (<i>Your letter will be available within three working days.</i>)	<input type="checkbox"/> Mail statement to: _____
<input type="checkbox"/> Fax information to (____) _____	_____
ATTN: _____	_____

<p>Contact Information: Tel: _____</p> <p><i>Please provide information that will allow us to contact you during business hours.</i> Email: _____</p>
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I HEREBY AUTHORIZE THE RELEASE OF INFORMATION AS INDICATED ABOVE.

Signature: _____

Date: ____/____/____

**Attn: Verifications, Office of the Registrar, Washington State University,
PO Box 641035, Pullman, WA 99164-1035. Fax number: 509-335-7823**

THIS FORM MUST BE SIGNED.