

## STUDENT VERIFICATION REQUEST

This form is only to be used by students initiating verification requests. Third-parties must use <u>National Student</u> <u>Clearinghouse http://www.studentclearinghouse.org</u> for verifications.

Please scan and email this form as a .PDF attachment to the Registrar's Office to <u>reg-verification@csus.edu</u> Subject: Verification for (your name) or fax to (916) 278-6453 Attention: Verifications

Note: processing time is 2-7 business days. Please include all requested information and delivery instructions on this form. We are not able to make changes after the request has been completed.

Name	Student ID/Last 4 digits of SSN
NameLast (at time of attendance)	First MI
Other Names Used	Date of Birth
Contact Phone Number	Email
<ul> <li>Dates of attendance for past semes</li> <li>Academic level (freshman, sophor</li> <li>Academic standing (good standing</li> <li>Cumulative GPA (CSUS + transfer</li> </ul>	r GPA) ed only if applied to graduate or with documented request) transfer units)
<ul> <li>Fax to: ()</li></ul>	Email to:
Student Signature	(REQUIRED) Date

\*\* Electronically verified signatures will NOT be accepted. Signature provided must be in your own handwriting.