Education Verification Request Form

Office of the Registrar
9700 West Taron Drive | Elk Grove, CA 95757
916-686-7400 | (F) 916-686-8432
CNRegistrar@cnsu.edu

INSTRUCTIONS **Save this PDF to your computer, open using Adobe Reader, complete, print, sign and submit to the Office of the Registrar.**

California Northstate University's Office of the Registrar provides confirmation of student enrollment status, degrees awarded, and academic standing to financial institutions, organizations, employers or agencies at the student's request.

To obtain a verification letter, students must complete the form below and submit to the Office of the Registrar. An email confirming completion of the request is sent to the student's CNU email, or to the email on record for former students.

Requests are processed within 3-5 business days, unless otherwise stated.

STUDENT INFORMATION

Name: _____ _____ _____
Last *First* *Middle*

Name while at CNU (if applicable): _____
Last *First* *Middle*

Student ID #: _____ Class of: _____ Date of Birth: _____ Phone #: _____

College ***(check one)***: ☐ COP ☐ COM ☐ CHS Personal Email (former students only): _____

EDUCATION VERIFICATION INFORMATION

Note: All verification include expected/actual graduation date, units completed, enrollment status, & college level.
For identification purposes, letters include the student's name, ID number, and date of birth.

Letter Type ***(check one)***:

☐ Enrollment Verification—Enrollment History (includes all enrolled terms)

☐ Enrollment Verification—Specific Term Only (specify term: _____)

☐ Degree Verification (includes enrollment history)

☐ Good Academic Standing (includes enrollment history)

☐ Student Provided Form Only (description: _____)

Include GPA? ***(check one)***: ☐ Do Not Include Cumulative GPA ☐ Include Cumulative GPA

Reference Number (if applicable): _____

Delivery Method ***(check one)***:

☐ Student Pick-up ☐ Email (will be sent to student's CNU email account)

☐ Fax #: _____ ATTN of: _____
(requesting organization/company/person)

☐ Mail To:

_____
Name/Company

_____
Street Address (Include suite, apartment #, P.O. Box, etc., if applicable.)

_____
City, State ZIP

In accordance with Federal Law and KRS 164.283, records cannot be released without the written consent of the student.
I certify that I am the above named person and consent the release of this information.

Student Signature: _____ Date: _____

OFFICE OF THE REGISTRAR USE ONLY

Date Received:_____ Date Processed:_____ Processed By:_____ Updated 01/16 OR