



Records Office
3900 Lomaland Drive
San Diego, CA 92106
T 619.849.2286
F 610.849.2508
I www.pointloma.edu/Records

Third-Party Official Verification Release*

Last Name _____ First Name _____
ID# _____ SSN _____ Local Telephone _____
Email _____

Please verify the information indicated:

- | | |
|---|--|
| <input type="checkbox"/> Enrollment / Registered Units for current semester | <input type="checkbox"/> Date of Birth |
| <input type="checkbox"/> Cumulative GPA | <input type="checkbox"/> SSN |
| <input type="checkbox"/> Session GPA for _____(semester) _____ (year) | <input type="checkbox"/> Major/Minor/Concentration |
| <input type="checkbox"/> Dates attended Point Loma Nazarene University | <input type="checkbox"/> Anticipated Graduation Date |
| <input type="checkbox"/> Other (be specific): _____
_____ | <input type="checkbox"/> Degree earned / Graduation Date |

Please indicate the purpose of the verification:

- | | |
|--|--|
| <input type="checkbox"/> Health / Dental insurance coverage | <input type="checkbox"/> Employer / job application |
| <input type="checkbox"/> Auto insurance coverage / discount | <input type="checkbox"/> Scholarship / financial aid eligibility |
| <input type="checkbox"/> Other (must be specific) _____
_____ | <input type="checkbox"/> Loan deferment |

Please identify the party to whom the information is to be provided. Processing time is two business days.

Please Fax

Company Name _____
Attention _____ Fax number _____

Please Mail

Company Name _____
Attention _____
Address _____
City, State, Zip _____

Student Signature _____ Date: _____

****Official verifications must be sent directly to third-party recipients and are not available for student pick up or mailing to the student's address.***