



Records Office
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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 |
| _____ | <input type="checkbox"/> PLNU Student ID# |

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 Email as a pdf

Company Name _____
Email Address _____

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.