GOUCHER | college
Enrollment Verification
Office of the Registrar

Student ID# (or SSN) _____ Contact Number _____ Email_____

Student Name_____
Last (Print)   First   Middle

1. **Year and Semester Verification Requested For:**   Fall Year_____   Spring Year_____

   Please note: We cannot verify attendance prior to the beginning of classes for a term. Before classes begin, we can verify preregistration and <u>expected</u> attendance.

2. **Please Check Appropriate Box:** ☐ Provide Letter for Verification   ☐ Complete Attached Form

3. **If You Need Any of the Following Added to Your Verification(s), Please Check:**

   ___STUDENT'S SSN: Student must sign and date "Student Permission to Release Academic Information" below.

   ___GPA: Student must sign and date "Student Permission to Release Academic Information" below.

4. **Other Information to be Included:** _____

5. **Select <u>One</u> and Complete:**

   ____Mail Certification to: _____

   Street Address_____

   City _____ State _____ Zip_____

   ____Hold for Pick Up (You will be contacted by phone or email when verification is ready for pickup.)

   ____Email to: _____

   ____Fax Verification to: _____ Attention**:** _____

6. **Student Permission to Release Academic Information:**

   ▶ **Student's Signature:** _____ **Date:** _____
   By signing this request, I authorize Goucher College to release my GPA and/or SSN and/or other academic information to the party or parties listed above.

Return completed request by fax, mail, or scan:
Fax No. 410-337-3111

Office of the Registrar
Dorsey Center, Suite 207
Goucher College
1021 Dulaney Valley Road
Baltimore, MD 21204
Phone: 410-337-6090
Scan form to: registrar@goucher.edu

For Office Use Only
Staff: _____
Date: _____

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