
GOUCHER | college
Enrollment Verification
Office of Records and Registration

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

Student Name _____
Last (Print) First Middle

If you need the following added to your certification(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.

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.

Other information to be included

Year and Semester Verification Needed 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 expected attendance.

Requestor's Signature _____ Date: _____

___ **Mail certification to:** _____

Street Address _____

City _____ State _____ Zip _____

___ **Hold for pick up** (You will be contacted when it is ready for pickup.)

___ **Fax certification to:** _____ **ATTN:** _____

Return completed request by mail or fax:

Fax # 410-337-6504

Office of Records and Registration
Student Administrative Services
Goucher College
1021 Dulaney Valley Road
Baltimore, MD 21204
Phone: 410-337-6090

For Office Use Only

Date Processed: _____

Initials: _____