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GOUCHER | college  
**Enrollment Verification**  
Office of Records and Registration

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Student ID# (or SSN) \_\_\_\_\_ Date \_\_\_\_\_ Contact Number \_\_\_\_\_

Student Name \_\_\_\_\_  
Last (Print) \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

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**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.

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**Other information to be included**

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**Year and Semester Verification Needed For**

Year \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Both Fall and Spring \_\_\_\_\_

Requestor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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**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: \_\_\_\_\_

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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: \_\_\_\_\_