
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 expected 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 One 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. 410-337-6504

Office of the Registrar
Student Administrative Services
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: _____