



**Request Information Release**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

SSN (if alumni): \_\_\_\_\_

**This form allows you to request an enrollment or graduation letter. Please select all elements that you would like included:**

- Proof of Enrollment  Graduation date  
 Number of units  GPA  
 Other: \_\_\_\_\_

Where would you like this letter to be sent?

- Hold for pick-up  
 Email to the following: \_\_\_\_\_  
 Mail to address below:

\_\_\_\_\_  
Name of recipient

\_\_\_\_\_  
Address City State Zip Code

Please sign to indicate release of the provided information to the listed recipient above.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form to the Registrar's Office with signature by mail, fax or email a scanned copy.