



Request Information Release

Student Name: _____ Student ID: _____

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

Term: _____ Fall Semester _____ Spring Semester _____ Summer Semester

____ 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.