

Letter Request

Office of Registration and Records
Room 110, Administration Bldg.
Bowling Green State University
Bowling Green, OH 43403
FAX: 419-372-7977

I authorize the release of all information described below.

Print Name _____ BGSU ID Number _____

Signature _____ Social Security Number _____

Enrollment Verification letter for 20____
Used for current or past terms
 Spring Full Time
 Summer Part Time
 Fall

Registration Verification letter for 20____
Used for future terms
Student must be scheduled for specific class sections.
 Spring Full Time
 Summer Part Time
 Fall

Graduation Verification letter for Month _____ Year _____
Used for past terms Degree/Major _____

Expected Graduation letter for Month _____ Year _____
Degree/Major _____
Used for current or future terms
Student must be registered for the current term or a future term,
or the student must have applied for graduation.
Student must supply expected graduation term.

Other Please describe request. _____

Mail completed letter to: _____
(Please print address) _____

Or pick up on: _____
(Please bring picture ID)

If we experience problems, this form will be returned to:
Please Print: phone, name and address

Local Phone _____

For Office Use Only
