

Verification Letter Request Form

I authorize Bowling Green State University to release the information described within this form.

Please provide one of the following: BGSU ID, Last 4 of SSN or DOB _____

Print Name _____

Signature _____

Enrollment Verification letter for:

Year _____

Spring

Full Time

Description: Used for current or past terms

Summer

Part Time

Fall

Registration Verification letter for:

Year _____

Spring

Full Time

Description: Used for future terms

Summer

Part Time

Students must be scheduled for specific class sections

Fall

Graduation Verification letter for:

Month _____

Year _____

Description: Used for past terms

Degree/Major _____

Expected Graduation letter for:

Month _____

Year _____

Description: Used for current or future terms

Degree/Major _____

Students must be registered for the current term or future term, or the student must have applied for graduation

Other - Please describe request: _____

Please indicate below where the letter needs to be mailed/sent (please print):

Mail:

Name/Company _____

Address _____

City/State/Zip _____

Fax:

Fax # _____ Attn: _____

E-mail:

E-mail _____

Pick up in Person:

Date _____

(Please allow 1-2 business days from our receipt of request and make sure to bring a photo I.D.)

If we experience issues, this form will be returned to (please print): _____

----- For Office Use Only -----

Phone (local) _____

Name _____

Address _____

City/State/Zip _____

The completed form can be mailed or faxed to the Office of Registration and Records or e-mailed to: Registrar@bgsu.edu