

# Degree Verification Request

Office of Academic Records & Registration

Slippery Rock University

104 Maltby Avenue, Suite 107

Slippery Rock, PA 16057

Phone: 724.738.2010 Fax: 724.738.2936 Email: academic.records@sru.edu

Student Phone Number \_\_\_\_\_ Today's Date \_\_\_\_\_

**Date of Graduation\*** \_\_\_\_\_

\*Degree must be awarded.

The following information will be included on your degree verification:

- Student Type
- Awarded Degree
- Primary Curriculum
- Secondary Curriculum
- Credit Hours
- Terms Attended
- Last Term Attended
- Enrollment History

Would you like your Social Security number listed?  Yes (requires student's signature below)  No

Would you like your Cumulative GPA listed?  Yes (requires student's signature below)  No

- I will pick up this verification.
- I give permission to have this verification picked up by the following person: \_\_\_\_\_
- Mail this verification to the address below: \_\_\_\_\_ (ID Required)
- Fax this verification to the fax number below: \_\_\_\_\_
- Email this verification to the email address below: \_\_\_\_\_

Mail/Fax/Email Verification to:

Name \_\_\_\_\_

Organization/ Office \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Allow 3-5 business days for processing and additional time for standard mail delivery.*