

Last Name

First

Middle

**Office of Academic Records  
 Slippery Rock University  
 104 Maltby Avenue, Suite 107  
 Slippery Rock, PA 16057  
 Phone – (724) 738-2010 Fax – (724) 738-2936**

### Graduation Verification Request Form

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

**Please provide date of graduation:** \_\_\_\_\_

The following information will be included on your graduation verification:

- |                       |                     |
|-----------------------|---------------------|
| -Student Type         | -Credit hours       |
| -Awarded Degree       | -Terms attended     |
| -Primary Curriculum   | -Last term Attended |
| -Secondary Curriculum | -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: \_\_\_\_\_  
(ID Required)
- Please mail this verification to the following address.
- Please fax this verification to the following number
- Please email this verification to the following email address

Mail/Fax/Email Verification to:

Name \_\_\_\_\_

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

Address \_\_\_\_\_

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

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

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

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Request received via phone \_\_\_\_\_ **Date** \_\_\_\_\_

Name of Worker