

NORFOLK STATE UNIVERSITY  
OFFICE OF THE REGISTRAR  
700 Park Avenue  
Norfolk, VA 23504  
(757) 823-8229 • Fax: (757) 823-8907

**REQUEST FOR VERIFICATION**

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_  
LAST FIRST MI

TELEPHONE: (\_\_\_\_) \_\_\_\_\_  Undergraduate  Graduate  Both

*I hereby authorize Norfolk State University to release the information indicated below to the designated agency/ person:*

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

- |  |   |
|--|---|
| <input type="checkbox"/> Dates of Attendance       | <input type="checkbox"/> Degree Earned                |
| <input type="checkbox"/> Major                     | <input type="checkbox"/> Expected Date of Graduation  |
| <input type="checkbox"/> Grade Point Average (GPA) | <input type="checkbox"/> Statement of "good standing" |
| <input type="checkbox"/> Current Registration      | <input type="checkbox"/> Additional Information       |

Please mail the above requested information to the address below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please fax the above requested information to:

(\_\_\_\_) \_\_\_\_\_

ATTENTION: \_\_\_\_\_