

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: _____