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:

Please provide your full name

STUDENT ID OR SOCIAL SECURITY NUMBER:

TELEPHONE:

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

Signature of Student

Date

☐ Expected Date of Graduation

Please mail the above requested information to the address below. Please include first and last name of recipient/ Organization. Please include street name and number. City, State, and Zip code. You may also include an email address if necessary:

Name:

Address:

City: State:

Email:

Include the FAX number below only if a fax is being sent:

( )

ATTENTION:

Revised 07/11/25
RF/CC