NORFOLK STATE UNIVERSITY OFFICE OF THE REGISTRAR

700 Park Avenue Norfolk, VA 23504 (757) 823-8229 • Fax: (757) 823-8907

REQUEST FOR VERIFICATION

LAST	FIRST	MI	ID:
DNE: <u>()</u>		Undergraduate [☐ Graduate ☐ Both
I hereby authorize	Norfolk State Universi	ity to release the infor	mation indicated below to the
	des	signated agency/ pers	on:
Signature of Student			 Date
☐ Dates of	Attendance	☐ Degree Earne	ed
☐ Major		☐ Expected Date of Graduation	
☐ Grade Point Average (GPA)		☐ Statement of "good standing"	
☐ Current Registration		☐ Additional Information	
PI	ease mail the above re	quested information to	the address below:
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	Please fax the abov	e requested information	on to: