

Request for Official Statement

Did you know... You can immediately print a certificate that verifies your enrollment status for the current or past term online? Just go to <https://www.ronet.wsu.edu/nsc/login.asp> or call the National Student Clearinghouse at (703) 742-7791. This certificate is authorized and certified by WSU.

Complete this form if you need to verify your enrollment for a future term or need to verify specific enrollment information such as the number of hours for which you are enrolled, your grade point average, or degree earned, etc. Submit the signed form to the address at the bottom of the page.

PLEASE PRINT OR TYPE

Last Name: _____ First Name: _____ Middle Name: _____
Former Name: _____ WSU ID #: _____ Date of Birth: ____/____/____

Information you request to appear in this statement: (Check all that apply)

Verification of:

- Enrollment status (full time, half time, less than half time). Specify year & term: _____
- Anticipated graduation date. Specify year & term: _____
- Number of credit hours enrolled for a specific semester. Specify year & term: _____
- Current grade point average. Specify: ___ semester GPA; **OR** ___ cumulative GPA
- Major
- WSU degree received
- Residency status
- History of attendance
- Other: _____

Purpose of Request: (Check only one)

- Employment
- Foreign Embassy
- Good Student Discount
- Health Insurance. Specify subscriber name & number: _____
If you do not have this information your verification needs to be sent directly to the policy subscriber.
- Military ID Card. Must include your anticipated graduation date term/year: _____
- Scholarship
- Other: _____

Delivery Method: (Check only one)

- Hold for pick up (Your letter will be available for pick up **three** business days after your request is received.)
- Fax information to: (_____) _____ ATTN: _____
- Mail statement to: _____

Contact Information: Please provide the following to allow us to contact you during business hours:

Daytime phone: (_____) _____
Email: _____

I HEREBY AUTHORIZE THE RELEASE OF THE INFORMATION INDICATED ABOVE.

Signature: _____

THIS FORM MUST BE SIGNED

Send completed form to:

WSU Vancouver Registrar's Office
14204 NE Salmon Creek Avenue
Vancouver, WA 98686
Fax: 360-546-9032
Phone: 360-546-9553 or 360-546-9565

Date of Request: ____/____/____