

Mail completed form to: University of La Verne, ATTN: Registrar

1950 Third Street

La Verne, CA 91750

or fax to: 909-448-1628

or scan and email to: reg@laverne.edu

Student Information:

Last Name	First Name	MI	Previous Last Name
Current Address			ID Number
City	State	Zip Code	Birth Date
E-mail Address			Phone Number

Information to Verify:

(choose one)

(Future terms/semesters cannot be verified.)

Please complete the attached form. Release any information requested.

OR

Please provide a letter containing the information indicated below:

Previous Attendance

(Previous two terms/semesters.)

Enrollment Information for the current term

(Includes full-time and 1/2-time status. Enrollment can only be verified after the Add/Drop period.)

Other (please specify):

_____ *(Subject to review by administrative staff)*

Delivery Method:

(Allow up to two business days to process.)

Pick up at Woody Hall

OR Fax to: _____ Attn: _____

OR Mail to: _____

OR Email to: _____

Authorization:

I hereby give my consent for University of La Verne to release the information requested above.

Student Signature _____ Date _____

FOR OFFICE USE	Processed By	Date Completed