

Last Name _____ First Name _____

ID# _____ SSN _____ Local Telephone _____

Email _____

Please verify the information indicated:

- | | |
|---|--|
| <input type="checkbox"/> Enrollment / Registered Units for current semester | <input type="checkbox"/> Date of Birth |
| <input type="checkbox"/> Cumulative GPA | <input type="checkbox"/> SSN |
| <input type="checkbox"/> Session GPA for _____ (semester) _____ (year) | <input type="checkbox"/> Major/Minor/Concentration |
| <input type="checkbox"/> Dates attended Point Loma Nazarene University | <input type="checkbox"/> Anticipated Graduation Date |
| <input type="checkbox"/> Other (be specific): _____ | <input type="checkbox"/> Degree earned / Graduation Date |
| _____ | <input type="checkbox"/> PLNU Student ID# |

Please indicate the purpose of the verification:

- | | |
|---|--|
| <input type="checkbox"/> Health / Dental insurance coverage | <input type="checkbox"/> Employer / job application |
| <input type="checkbox"/> Auto insurance coverage / discount | <input type="checkbox"/> Scholarship / financial aid eligibility |
| <input type="checkbox"/> Other (must be specific) _____ | <input type="checkbox"/> Loan deferment |
| _____ | |

Please identify the party to whom the information is to be provided*. Processing time is approximately 2-3 business days.

Please Email as a pdf

Company Name _____

Email Address _____

Please Fax

Company Name _____

Attention _____ Fax number _____

Please Mail

Company Name _____

Attention _____

Address _____

City, State, Zip _____

*** Student Signature** _____ **Date:** _____

**Hand signature required. A typed name will not be accepted as a signature.*