



Educational Verification Request

453.34

Instructions: This form is to be used by students who wish to request an educational verification. Please print, sign, and return completed form to the Registrar's Office. If mailing, please send to the following address:

Criswell College
ATTN: Registrar's Office
4010 Gaston Ave.
Dallas, TX 75246

Fax: 214.370.0497
Email: registrar@criswell.edu

Please Print Clearly

Full Name: _____ Student ID: _____ Date of Birth: _____

Maiden Name: _____ Phone #: _____

Semester/Term to Be Verified: _____

Anticipated Graduation Date: _____

INFORMATION REQUESTED ON FORM OR LETTER (select one):

- Enrollment Verification
- Completion of Degree Requirements Verification
- Degree Verification Letter
- Other: _____

OTHER INFORMATION TO BE RELEASED (If none of the below, leave section blank.):

- SSN
- Date of Birth
- Other: _____
- Last 4 digits of SSN
- GPA

METHOD OF DELIVERY (select one):

- I will pick up the verification. (Student must pick up within 30 days. Photo identification is required upon pick up.)
- Mail the verification to address provided.
- Email the verification to email address provided.
- Fax the verification to number provided.

RELEASE TO (RECIPIENT):

Name of Institution or Individual

Office or Title (if applicable)

Street Address

City

State

ZIP

Email Address

Fax Number

PLEASE READ BEFORE SIGNING:

Records are disclosed per your instructions. Criswell College assumes no responsibility for the confidentiality of records that are transmitted by fax, e-mail, or other delivery methods for which identification of the recipient cannot be personally verified by a college official.

By signing this form, I authorize Criswell College to release and disclose information from my education records as specified.

Student Signature (required): _____

Date: _____

An original signature is required to process request

OFFICE USE ONLY

Date Received: _____ Cleared for Release: _____ Date Processed: _____ Mailed Emailed Faxed Picked up