



# 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
- Last 4 digits of SSN
- Date of Birth
- GPA
- Other: \_\_\_\_\_

### 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