CAL POLY
OFFICE OF THE REGISTRAR

OFFICE USE

VERIFICATION LETTER REQUEST

(Processing time: Up to 10 business days)

- Requests by FAX: ***(805) 756-7237***
- Requests by mail: send this request to:

Cal Poly
Office of the Registrar
1 Grand Avenue
San Luis Obispo, CA 93407-0033

STUDENT ID#

DATE OF BIRTH ***PHONE / E-MAIL***

STUDENT NAME: _____ _____
Print: *Last* *First* *Middle* ***PREVIOUS NAME(S)***

X _____
Student Signature (REQUIRED)

□ **Pick-up** □ **Mail** □ **Fax**

Provide referencing information (policy number/policy holder name):

To:

_____ _____
_____ _____
_____ _____
_____ _____

Verify enrollment for <u>CURRENT</u> term:
(You MUST be registered for the term(s) selected)

□ WINTER 20_____ □ SPRING 20_____ □ SUMMER 20_____ □ FALL 20_____

Verify enrollment for previous term(s):
Verification for enrollment for terms prior to Fall 1987 will require additional processing time.

☐ Verify enrollment for all previous terms
☐ Verify enrollment for the following terms: _____

_____

☐ Verify Higher Education GPA
☐ Verify degree(s) awarded
☐ Verify Anticipated Graduation Date*

☐ Verify Term GPA (designate term): _____

*Anticipated Graduation Date available only if Request for Graduation Evaluation is on file**

**If Request for Graduation Evaluation is not on file, state your expected graduation date: _____