



Date: _____

Academic Records Verification Form

Print this page, complete all information, and mail or fax it to:

**Office of the Registrar
John Carroll University
20700 North Park Blvd.
University Heights, OH 44118
Fax: 216-397-3049
Phone: 216-397-4469**

Will Pick Up On _____
(Please allow 2 days for processing.)

Mail

FAX

DO YOU WISH TO HAVE YOUR SOCIAL SECURITY NUMBER INCLUDED ON THE CORRESPONDENCE? YES NO

Undergraduate Student Graduate Student Graduate Assistant

I, _____, _____,
(Student Name) (Student ID Number)

give my permission to the Registrar's Office of John Carroll University to release the following academic information: **Check appropriate box(es)**

Full-time Status Half-time Status Class Rank GPA Good Standing

Good-Student Discount (Insurance) Other _____

Send or Fax information to: _____
Name or Company

Address or Fax Number

Attn: _____

We will verify current and previous enrollment. Verification for future semesters will be verified only after you have registered for that semester.

I would like the Registrar's Office to verify enrollment for:

Semester(s)

My expected date of graduation is _____.

Student Signature

Phone Number