

# Official Statement Request Form

## Review the following information:

Complete this form to verify your enrollment for a future term or to verify specific enrollment information such as the number of hours for which you are enrolled, your grade point average, degree earned, etc.

**Did you know?** You can immediately print a certificate that verifies your enrollment status for the current or past term online. Visit <https://www.ronet.wsu.edu/nsc/login.asp> or call the National Student Clearinghouse at 703-742-7791. This certificate is authorized and certified by WSU.

## Complete, print, sign and submit this form to:

WSU Vancouver Registrar's Office  
14204 NE Salmon Creek Ave.  
Vancouver, WA 98686  
Fax: 360-546-9032

## Questions?

Contact us at 360-546-9565, 360-546-9553 or [van.registrar@wsu.edu](mailto:van.registrar@wsu.edu).

## Personal Information (PLEASE PRINT)

LAST NAME FIRST NAME MIDDLE  
FORMER NAME(S) USED AT WSU  
WSU STUDENT ID NUMBER DATE OF BIRTH (MM/DD/YYYY) PHONE NUMBER  
EMAIL ADDRESS

## Information Requested for Verification

- ☐ Enrollment status (*full-time/half-time/less than half-time*). Term/year: \_\_\_\_\_
- ☐ Anticipated graduation date. Term/year: \_\_\_\_\_
- ☐ Number of credit hours enrolled for a specific semester. Term/year: \_\_\_\_\_
- ☐ Current semester grade point average
- ☐ Current cumulative grade point average
- ☐ Major
- ☐ WSU degree received
- ☐ Residency status
- ☐ History of attendance
- ☐ Other information. Please explain: \_\_\_\_\_

## Purpose of Request (CHOOSE ONE)

- ☐ Employment
- ☐ Foreign embassy
- ☐ Good student discount
- ☐ Health insurance. Specify subscriber name and number\*: \_\_\_\_\_

*\*If you do not have this information your verification needs to be sent directly to the policy subscriber.*

- ☐ Military ID card. Your anticipated graduation date term/year: \_\_\_\_\_
- ☐ Scholarship
- ☐ Other purpose. Please explain: \_\_\_\_\_

## Delivery Method (CHOOSE ONE)

- ☐ Hold for pick up (*Your letter will be available for pick up three business days after your request is received.*)
- ☐ Email information to: \_\_\_\_\_
- ☐ Fax information to: \_\_\_\_\_ ATTN: \_\_\_\_\_
- ☐ Mail statement to: \_\_\_\_\_

NAME  
STREET ADDRESS  
CITY STATE ZIP

## Authorization

I hereby authorize the release of the information indicated above.

STUDENT SIGNATURE (REQUIRED)

DATE