



ENROLLMENT AND AWARDED DEGREE VERIFICATION REQUEST

Registrar's Office

Name: \_\_\_\_\_ Student ID#: Z \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Major: \_\_\_\_\_ Classification:  Fr  So  Jr  Sr  Graduate

ORU Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

PLEASE PROVIDE:

- ( ) my entire enrollment history
- ( ) proof of my enrollment for 20\_\_\_\_\_  Spring  Fall  Summer
- ( ) verification of my GPA (account balance must reflect zero)
- ( ) proof of my awarded degree (account balance must reflect zero)
- I will pick this letter up. \_\_\_\_

I would like my verification mailed to: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature: \_\_\_\_\_



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