## **VERIFICATION OF ENROLLMENT REQUEST**

Student Information				
Name			Humboldt ID	
Address			Phone:	
City	State	ZIP	Email:	@humboldt.edu
Verification Request				
All verification letters, wi status, unless otherwise		gree verifica	tions, include units enrolled,	class level, and student
Please indicate which term <b>Term(s) Verifying</b> (exam	•	e verified and	notate an additional information	n to include on the form.
Additional information to be	e verified:			
Form Processing				
Delivery Option (select on	e)			
I will pick up form on the date specified below.				
I request that Cal Poly Humboldt <b>mail</b> the form to the address specified below.				
I request that Cal Poly Humboldt <b>fax</b> the form to the fax number specified below.				
I request that Cal	Poly Humboldt <b>email</b> th	e form to the	email address specified below.	
Please specify pick up dat	e, mailing address, fax ı	number or em	ail address.	
Authorization				
I authorize release of my a	cademic records to the	addresses lis	ted above.	
Student's Signatur	e		Date	

All student records at Humboldt State University are kept in accordance with the provision of the Family Educational Rights and Privacy Act (FERPA). Requests without student's signature will not be processed.