



SIMPSON
UNIVERSITY

Attn: Registrar's Office
2211 College View Drive
Redding, CA 96003

Phone: (530) 226-4111
Fax: (530) 226-4870

**Office of the Registrar
Enrollment Verification**

I, (please print name) _____, request that the following information from my academic file be released by the Office of the Registrar.

SSN or Student ID Number _____

Contact Number: (____) _____

Term and year for verification: Fall (year) _____
 Spring (year) _____
 Summer (year) _____

Additional Information to be included:

- GPA
- Date Degree Received
- Other _____
- Anticipated Completion Date
- Field of Study

Special Formatting Requirements: _____

Pick up

Mail to: _____

Fax to: _____ Attn: _____

Fax number: (____) _____

Student Signature: _____

Date: ____/____/____