



Attn: Registrar's Office  
2211 College View Drive  
Redding, CA 96003  
Phone: (530) 226-4111  
Email: registrar@simpsonu.edu

**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:

- |   |  |
|---|--|
| <input type="checkbox"/> GPA                  | <input type="checkbox"/> Anticipated Completion Date |
| <input type="checkbox"/> Date Degree Received | <input type="checkbox"/> Field of Study              |
| <input type="checkbox"/> Other _____          |  |

Special Formatting Requirements: \_\_\_\_\_

☐ Pick up

☐ Mail to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Email to (email address) : \_\_\_\_\_

Attn (name): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Return form in person, by mail (address above) or by email to registrar@simpsonu.edu**