Northwestern State University University Registrar's Office

Natchitoches, LA 71497 Fax Number: (318) 357-5823

VERIFICATION OF DEGREE

| Student ID/SSN: | | | | Date of Birth: |
|---|-------------------|-------------------|------------------|------------------|
| Last Name | First Name | Middle Name | Maiden Name | Previous Name(s) |
| | | | | |
| | | | • | • • |
| Current Street/P.O. A | Address: | | | |
| City | | State | Zip Code | Telephone Number |
| | | | | |
| E-mail Address: | | | | |
| | | | | |
| Major: | Type of Degree: G | | Graduation date: | |
| NAME AND ADDRESS WHERE VERIFICATION SHOULD BE MAILED OR | | | | |
| FAX NUMBER AND NAME OF PERSON TO RECEIVE VERIFICATION VIA FAX: | | | | |
| | | | | |
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| | | | | |
| The Family Educational Rights and Privacy Act of 1974, as amended, requires the signature of the student to release academic | | | | |
| information. Verification may not be released to a third party without the signed consent of the student. The signature below is true and a legal signature. | | | | |
| Simotomo | | | | Deter |
| Signature: | | | | Date: |
| | | | | |
| FAX signed request to: (318) 357-5823 | | | | |
| SCAN signed request and e-mail to: <u>registrar@nsula.edu</u> | | | | |
| MAIL this COMPLETED & SIGNED form to: | | | | |
| Northwestern State University University Registrar's Office | | | | |
| | Natc | hitoches, LA 7149 | 7 | |
| Note: Unsigned or incomplete requests will not be processed. | | | | |