



Marywood

UNIVERSITY

OFFICE OF THE REGISTRAR

REQUEST FOR VERIFICATION OF STUDENT INFORMATION

I hereby authorize Marywood University to release information to:

Organization _____

Address _____

City _____ State _____ Zip _____

VERIFICATION OF ENROLLMENT

Provide information for: _____ current semester/session

other _____

VERIFICATION OF INFORMATION OTHER THAN ENROLLMENT

Please verify the following:

Signature _____

Student ID # _____

FOR USE OF ACADEMIC RECORDS OFFICE ONLY

Form received on _____ by _____
If Applicable, Forwarded to the _____
National Student Loan Clearinghouse on _____