

## **VERIFICATION OF STUDENT INFORMATION**

- Student verification requests are processed within five business days.
- Student signature is required to process the verification request.

## **Release Information**

I request information be released to the following person/organization: Person/Organization as Specified Below Office of the Registrar INTERNATIONAL STUDENT USE ONLY 2300 Adams Avenue Department of Motor Vehicles (DMV) Social Security Administration (SSA) Scranton, PA 18509 Phone: (570) 348-6280 Saudi Arabian Cultural Mission (SACM) Kurdistan Regional Government Fax: (570) 961-4758 E-mail: registrar@maryu.marywood.edu Website: www.marywood.edu Person/Organization Name Street Address City State Postal Code Fax to: ( \_\_ **Student Information** Last Name First Name Initial Maiden/Former (if applicable) Street Address State Postal Code Student Identification Number Home Phone Mobile Phone Verification of Enrollment Please verify my enrollment for the following semester/session: Current Semester/Session Previous Semester/Session (please specify): \_ Verification of Information Other Than Enrollment Please verify the information as specified: Student Signature I authorize Marywood University to release my enrollment or other information as requested above. Student Signature Date FOR OFFICE USE ONLY VERIFICATION 08/14

**Initials** 

Date