



ENROLLMENT VERIFICATION

OFFICE OF THE REGISTRAR
901 12th Avenue
P.O. Box 222000
Seattle, WA 98121-0900
(206)220-8030 Fax: (206) 296-2443
Email: registrar@seattleu.edu

Law students contact the Law School Registrar for a verification

~ Print in Ink ~

Seattle U ID _____ Phone Number: _____)
Area Code

Student Legal Name: _____ SU Email: _____ @seattleu.edu
Last First Middle

X Student Signature _____ Date _____

VERIFICATION DETAILS:

Current students The verification provided will include student name, anticipated degree(s) with major and anticipated graduation date.

Go to www.studentclearinghouse.org

Indicate yes or no for each item below:

Yes No In addition to my enrollment, also include alternative GPA.

Yes No I have attached supplemental forms that need to be included with my verification.

Yes No Process the verification only after you process my request to update my anticipated graduation date (submit)

Update Term: _____ Updated Year: _____

HOW DO YOU WANT THE VERIFICATION DELIVERED (check one)

____ Hold for pick up by myself (must show photo) ID

____ Hold for pick up by _____ (must show photo ID when picked) up
Name of person authorized to pick up

____ Fax to: Name: _____ Fax #: _____
Last



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Processed by: _____
Date: _____