



Please return to:
 300 Grace Hall , Notre Dame, IN 46556
 Phone: 574-631-7043
 Fax: 574-631-3865
 Requests can also be emailed to verifications.1@nd.edu

Verification Request Form

- Instructions:
1. Complete the form below to request parts of your academic record be verified to outside institutions.
 2. Return the completed form to the Office of the Registrar. This can be done by mail, in-person, or by fax.
 3. Please complete one form for each request.
 4. Requests are typically processed in 3 to 5 business days.

Student Name: _____ Maiden Name(s): _____
 Student ndID/NetID: _____ Contact Phone: _____
 Date of Birth: ___ / ___ / _____ Date Requested: _____

Please send a verification of my academic record via:

Mailing Address Name: _____
 Address: _____
 City: _____ State: ___ Zip: _____
 Country (if being mailed outside the US): _____

Fax Fax Number: _____
 Attention: _____

Parent Name: _____ Group/Member Number: _____

Signature: _____

The following items will be included as part of the student verification form.

- | | |
|--|---|
| Name | Full-time/part-time status |
| 'As of' date information (lists data as of previous day) | Status (New, First Time, Continuing.etc.) |
| Dates of Attendance | Date of Birth (Only month/date) |
| SSN (only last 4 digits) | Home Address(if not withheld for privacy reasons) |
| Matriculation Date (Start Date) | Level (undergraduate, graduate,etc.) |
| Anticipated/Graduation Date | |

Some of these items are considered confidential information and require a student signature. Please check below if you would like this information included in your verification and sign above.

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| GPA (The University currently provides term and cumulative GPA information.) | Classification |
| Cumulative Credit Hours | Home Address (if not withheld for privacy reasons) |
| Current Credit Hours | Date of Birth |
| Academic standing | College or school |
| | Major |