

# VERIFICATION LETTER REQUEST

(Processing time: Up to 10 business days)

- Requests by FAX: (805) 756-7237
- Requests by mail: send this request to:

**Cal Poly**  
**Office of Academic Records**  
**1 Grand Avenue**  
**San Luis Obispo, CA 93407-0033**

OFFICE USE

**STUDENT ID#**

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**DATE OF BIRTH**

**PHONE / E-MAIL**

**STUDENT NAME:**

*Print: Last*

*First*

*Middle*

**PREVIOUS NAME(S)**

**X**

**Student Signature (REQUIRED)**

☐ **Pick-up**   ☐ **Mail**   ☐ **Fax**

**To:**

Provide referencing information (policy number/policy holder name):

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**Verify enrollment for CURRENT term:**

(You **MUST** be registered for the term(s) selected)

☐ WINTER 20\_\_\_\_\_   ☐ SPRING 20\_\_\_\_\_   ☐ SUMMER 20\_\_\_\_\_   ☐ FALL 20\_\_\_\_\_

**Verify enrollment for previous term(s):**

Verification for enrollment for terms prior to Fall 1987 will require additional processing time.

☐ Verify enrollment for all previous terms

☐ Verify enrollment for the following terms: \_\_\_\_\_

☐ Verify Higher Education GPA

☐ Verify Term GPA (designate term): \_\_\_\_\_

☐ Verify degree(s) awarded

☐ Verify Anticipated Graduation Date\*

\*Anticipated Graduation Date available only if Request for Graduation Evaluation is on file\*\*

\*\*If Request for Graduation Evaluation is not on file, state your expected graduation date: \_\_\_\_\_