



INFORMATION VERIFICATION REQUEST

REVISED 08/2014
MF/BP/BT

Identification

_____	_____
Full name	Reed College student ID number
_____	_____
Former names (if any)	Dates of attendance (approximate)

Information to be verified (check all that apply)

Enrollment status

- Current semester Upcoming semester
 Past semester (please specify _____)

Grade Point Average (GPA)

- Current semester (hold until final grades are posted)
 Most recent semester
 Past semester (please specify _____)
 Most recent cumulative
 For good student insurance discount: above 3.0

Enrollment history

- From _____ to _____
 All available

Other information

- Expected date of graduation
 Date degree awarded
 Apostille
 Other request(s) _____
 Include attachment(s) _____

Recipient

DELIVERY OPTION Mail Fax Email Pick-up Third-party pick-up (photo ID required) NUMBER OF COPIES _____

Name and Company			

Street address			

Address line 2			

City, State/Province, Zip/Postal code			
_____	_____	_____	_____
Country (if not US)	Phone number	Fax number	Email address

Requester

SIGNATURE (REQUIRED) _____ DATE _____

OFFICE USE ONLY Date issued _____ Processed by _____
