

# OFFICIAL STATEMENT REQUEST

You can immediately print a certificate that verifies your enrollment status for the current or past term through National Student Clearinghouse (703-742-7791) at <https://www.ronet.wsu.edu/nsc/login.asp>  
This certificate is authorized and certified by WSU.

To request an official statement, fill out this form, retain copy for your records, and mail, fax or deliver in person to the address at right.

If you have questions regarding this form, please call 509-372-7136.

**Washington State University Tri-Cities  
Office of Registrar  
2710 University Drive  
Richland, WA 99354  
Fax number: 509-372-7100**

## PLEASE PRINT OR TYPE

\_\_\_\_\_  
**Student ID Number OR last 4 digits of Social Security #**

It is unlawful for WSU to deny to any individual any right, benefit or privilege provided by law because the individual refuses to disclose his or her social security number except in very limited circumstances. WSU requests the voluntary disclosure of your social security number for only the following purposes: Verification of records.

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Middle Name**

\_\_\_\_\_  
**Former Name**

**Information you request to appear in the statement:**  
(Check all that apply)

**Verification of:**

- Enrollment status (full time, half time, less than half time). Specify year/term: \_\_\_\_\_
- Number of credit hours enrolled. Specify year/term: \_\_\_\_\_
- Anticipated graduation date. Specify year/term: \_\_\_\_\_
- Current grade point average. Specify: \_\_\_\_\_ semester GPA; or \_\_\_\_\_ cumulative GPA
- Major
- WSU degree received
- Residency status
- History of attendance
- Other

**Purpose of the request:**  
(Check all that apply)

- Employment
- Foreign Embassy
- Good Student Discount
- Health Insurance (specify subscriber name & number \_\_\_\_\_)  
*If you do not have this information your verification needs to be sent directly to the policy subscriber.*
- Loan Deferment (specify account number \_\_\_\_\_)
- Military ID card (*must include your anticipated graduation date year/term:* \_\_\_\_\_)
- Scholarship
- Other

**Delivery Method**  
(Check all that apply)

- Hold for pick up
- Mail statement to: \_\_\_\_\_  
*(Your letter will be available within three working days)*
- Fax information to: \_\_\_\_\_  
\_\_\_\_\_
- Attn: \_\_\_\_\_

**Contact Information:**

*Please provide information that will allow us to contact you during business hours.*

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**I HEREBY AUTHORIZE THE RELEASE OF INFORMATION AS INDICATED ABOVE.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**THIS FORM MUST BE SIGNED**