



Academic Records Verification Form

Print this page, complete all information, and mail or fax it to:

John Carroll University • Office of the Registrar • 1 John Carroll Boulevard • University Heights, OH 44118
Fax: 216-397-3049 • Phone: 216-397-4469

(Student Name)

(Student ID Number)

- Undergraduate Student Graduate Student Graduate Assistant

Please check here if you would like your Social Security Number included on the correspondence.

I give my permission to the Registrar's Office of John Carroll University to release the following academic information: **Check appropriate box(es)**

- Enrollment (Full-time Status, Half-time Status) Class Rank GPA Good Standing
(**Please also complete the section below)
- Good-Student Discount (Insurance) Other _____

** I would like the Registrar's Office to verify enrollment for:

Semester(s)

NOTE: We will verify current and previous enrollment. Verification for future semesters will be verified only after you have registered for that semester.

Will Pick Up (Please allow 2 days for processing.)

Mailing Address:

FAX Information:

Name or Company

Name or Company

Address

Fax Number

Address

City, State, Zip

My expected date of graduation is _____.

Student Signature

Date

Phone Number