John Carroll UNIVERSITY   Academic Records Verification Form

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

John Carroll University • Office of the Registrar • 1 John Carroll Boulevard • University Heights, OH 44118
Fax: 216-397-3049 • registrar@jcu.edu • Phone: 216-397-6650

_____   _____
(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 status* (Full-time, Half-time) for the following semester(s): _____

☐ Dates of Attendance* for the following semester(s): _____
NOTE: We can verify current and previous enrollment. Verification for future semesters will be verified only after registration.

☐ Good-Student Discount (Car Insurance)   ☐ Transient Registration/Permission

☐ Class Rank   ☐ GPA   ☐ Good Standing   ☐ Degree

☐ Other _____

Processing Options: **Check appropriate box(es)**

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

☐ Mailing Address: ☐ FAX or SCAN Information:

_____   _____
Name or Company   Name of Individual or Company

_____   _____
Address   Fax Number

_____   _____
                                                                         Email Address

_____
City, State, Zip

My expected date of graduation is _____.

_____   _____   _____
Student Signature   Date   Phone Number