



Academic Records Verification Form

Print this page, 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 • apetti@jcu.edu • 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 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

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