



# 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 • 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

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