

# REQUEST FOR OFFICIAL STATEMENT

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

Attn: Verifications  
 Student Services  
 WSU Spokane  
 PO Box 1495  
 Spokane, WA 99210-1495  
 Fax Number: 509-358-7538

If you have questions regarding this form please call 509-358-7530

**PLEASE PRINT OR TYPE**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Former Name: \_\_\_\_\_

Please mark appropriately in both boxes	
<b>Information you request to appear in the statement:</b> <i>(Check all that apply.)</i>	<b>Verification of:</b> <input type="checkbox"/> Enrollment status for current semester <input type="checkbox"/> Enrollment status for past semester (specify year/term: _____) <input type="checkbox"/> Number of credit hours enrolled for current semester <input type="checkbox"/> Number of credit hours enrolled for past semester (specify year/term: _____) <input type="checkbox"/> History of attendance with enrollment status <input type="checkbox"/> Current grade point average (specify: ___ semester GPA; ___ cumulative GPA) <input type="checkbox"/> Major <input type="checkbox"/> WSU degree received <input type="checkbox"/> Projected graduation date (specify year/term: _____) <input type="checkbox"/> Residency status <input type="checkbox"/> Other: _____
<b>Purpose of the request:</b> <i>(Check only one.)</i>	<input type="checkbox"/> Employment <input type="checkbox"/> Foreign Embassy <input type="checkbox"/> Good Student Discount <input type="checkbox"/> Health Insurance, Subscriber Name & Number _____ <i>If you do not have this information your verification needs to be sent directly to the policy subscriber</i> <input type="checkbox"/> Loan deferment, Account Number _____ <input type="checkbox"/> Military ID Card, (Must include your anticipated graduation date year/term: _____) <input type="checkbox"/> Scholarship <input type="checkbox"/> Other: _____

**Delivery method:** *(Check only one.)*

Hold for pick up. *(Your letter will be available after three working days.)*

Fax information to: (\_\_\_\_) \_\_\_\_\_  
 ATTN: \_\_\_\_\_

Mail statement to: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Student ID Number:** \_\_\_\_\_  
**SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

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

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

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 on this form. If provided, WSU will use your social security number for only the following purposes:  
 Verification of records.

**THIS FORM MUST BE SIGNED**