

**Stetson University
Student Data Request Form**

NAME: _____ SSN/Student ID: _____

Address _____

Phone _____ City _____ State _____ Zip _____
e-mail address _____

I REQUEST THE FOLLOWING

- Letter of Good Standing (include address below)
 - Include expected graduation date
Expected graduation date _____
- Enrollment Verification (include address below)
 - Letter with dates of attendance
 - Complete form attached to or sent with this request
- Graduation Verification (include address below)
 - Include date of Graduation
 - Include degree/major earned
 - Include cumulative GPA

Address 1 _____ **Address 2** _____

My signature below authorizes Stetson University to provide information as requested above.

*Signature _____ Date: _____

(FOR OFFICE USE ONLY)

Date Received:	Date Faxed or Mailed:	
Stetson University – Registrar's Office 421 N. Woodland Blvd., Unit 8298, DeLand, FL 32723 ❖ 386-822-7140 ❖ FAX: 386-822-7146 E-Mail: registrar@stetson.edu ❖ Internet: http://www.stetson.edu/offices/registrar		