Stetson University
Student Data Request Form

NAME:____________________________________________ SSN/Student ID:_____________________

Address__________________________________________________________________
City State Zip

Phone_____________________  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