HEALTH SCIENCES SPOKANE

Request for Official Statement

Instructions: To request an official statement, fill out this form, retain a copy for your records, and mail, email, fax or deliver in person to the address above. If you have any questions, please call 509.358.7530.

Please print and sign form *(only signed forms will be accepted)*

_____ _____ _____ _____

Last Name   **First Name**   **Middle Name**   **Former Last Name**

Please mark all applicable items for your request

| **Information you request to appear in the statement**: *(check all that apply)* | **Verification of:**
 ___ Enrollment for current semester
 ___ Enrollment status for past semester(s) *(specify year/term_____ _____)*
 ___ Number of credit hours enrolled for current semester
 ___ Number of credit hours enrolled for past semester(s) *(specify year/term _____ _____)*
 ___ History of attendance with enrollment status
 ___ Current grade point average: specify: ____semester GPA; ____Cumulative GPA
 ___ Major _____ (please provide)
 ___ WSU degree received: date_____
 ___ Projected graduation date *(specify year/term _____ _____)*
 ___ Residency status
 ___ Other _____ |
| **Purpose of the Request:** *(check only one)* | ___ Employment
 ___ Foreign Embassy
 ___ Health Insurance, Subscriber Name & Number _____
 (if you do not have this information your verification needs to be sent by you directly to the policy subscriber)
 ___ Loan deferment: Lender _____Acct #: _____
 ___ Military ID Card, (must include your anticipated graduation date year/term _____
 ___ Scholarship
 ___ Other: _____ |

Delivery Method:
(Check only one)

___ **Hold for pick up** *(Your letter will be available after 3 working days. It will be held for 30 days. After 30 days your letter will be shredded).*

___**Mail statement to**: _____

_____

_____

Student ID Number: _____

Last 4 digits of Social Security Number: _____

E-Mail address: _____

Phone number: _____

Date: ____/____/____

I HEREBY AUTHORIZE THE RELEASE OF INFORMATION AS INDICATED ABOVE

_____

Student 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/her social security number except in very limited circumstances. WSU requests the voluntary disclosure of the last 4 digits of your social security number on this form. If provided, WSU will use your social security number for only the following purpose: Verification of records