



## 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

<b>Information you request to appear in the statement:</b>  (check all that apply)	<b>Verification of:</b> Enrollment for current semester Enrollment status for past semester(s) ( <i>specify year/term</i> _____ ) Number of credit hours enrolled for current semester Number of credit hours enrolled for past semester(s) ( <i>specify year/term</i> _____ ) 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 ( <i>specify year/term</i> _____ ) Residency status Other _____
<b>Purpose of the Request:</b>  (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 or email  
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