

**WESTMINSTER COLLEGE**

**ACADEMIC VERIFICATION FORM**

Please complete for Academic Verification Purposes.

**Print Student's Full Name:** \_\_\_\_\_

**ID#** \_\_\_\_\_ **SS#** \_\_\_\_\_ - - - - \_\_\_\_\_

**Campus Box Number:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Student's Current Class Level:**     FY     SO     JR     SR     OGR

**Type of Verification Needed:**

- \*Grade Point Average /GPA
- Loan Deferment
- Scholarship
- Good Standing Letter
- Employment
- Other \_\_\_\_\_

*\*A Signed Release from the student is required. For Insurance purposes, please access your Westminster College WebStudent account and click on The National Student ClearingHouse link.*

**Have you provided another form to attach with this form?**     Yes     No

**ADDRESS TO WHICH ACADEMIC VERIFICATION IS TO BE SENT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

**FAX FORM(S) TO:**    **Name - ATTN:** \_\_\_\_\_  
                                  **Company Name:** \_\_\_\_\_  
                                  **FAX #:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OR**

**Person Making Request:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Contact Telephone #:** \_\_\_\_\_

**If forms are to be mailed, please include an addressed envelope.  
Blank envelopes are available in the Registrar's Office.**

**Date Sent:** \_\_\_\_\_  
**Sent By:** \_\_\_\_\_