

Student Enrollment and/or Degree/Graduation Verification Request

Shawnee State University
Attn: Office of the Registrar
940 Second Street
Portsmouth, Ohio 45662
FAX: 740.351.3593

I authorize the release of all information described below:

Name: _____ SSU ID Number: _____

Signature: _____ **or** Social Security #: _____

Enrollment Verification letter for 20____
Used for current or past terms

Summer
 Fall All terms
 Spring

Registration Verification letter for 20____
Used for future terms
Student must be scheduled for specific course sections.

Summer
 Fall
 Spring

Graduation Verification letter for 20____
Used for past terms

Summer
 Fall
 Spring

Expected Graduation letter for 20____
Used for current or future terms
Student must have completed a graduation petition.

Summer
 Fall
 Spring

Other Please describe request. _____

Mail completed Letter to: _____

Or pick up on: _____
(Please allow 1-2 business days from our receipt of request and bring picture I.D.)

If we experience problems, this form will be returned to:
(Please print: phone, name and address) Phone: _____
Address: _____

