



Western International University™

Where success is highly individualized.

Office of Student Records
Request for Verification

Student Name: \_\_\_\_\_ ID/SSN: \_\_\_\_\_

\*30 days of attendance will be required for verification requests. This request is for academic records only. If you are requesting financial information, please contact your Finance Counselor.

Degree: \_\_\_\_\_

Type of verification needed:

- Enrollment, Full Time Status, PV Status, Degree, Accreditation, London Campus, Never Attended, Last Date of Attendance

Additional Information: \_\_\_\_\_

Please specify how you would like this information released.

Fax: Name of Recipient, Fax Number

Mail: Name of Recipient, Address, City, State, Zip Code

Pick-Up: Phone Number

I understand that by signing this authorization, I am waiving my rights of nondisclosure of these student records under the Family Educational Rights and Privacy Act (FERPA) only as to the person or entities specifically listed herein.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please mail, fax or email to: Western International University Office of Student Records 9215 N. Black Canyon Hwy. Phoenix, AZ 85021 Phone: 602.943.2311 Toll free: 866.948.4636 Fax: 602.383.2210 Email: wiuosr@west.edu