

**University Services
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:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Accreditation | <input type="checkbox"/> Full Time Status | <input type="checkbox"/> PV Status | <input type="checkbox"/> Degree |
| <input type="checkbox"/> Enrollment | <input type="checkbox"/> London Campus | <input type="checkbox"/> Never Attended | <input type="checkbox"/> Last Date of Attendance |

Additional Information: _____

Please specify how you would like this information released.

- | | | | |
|--|-------------------|---------------------------------------|---------------------|
| <input type="checkbox"/> Fax: | _____ | <input type="checkbox"/> Mail: | _____ |
| | Name of Recipient | | Name of Recipient |
| | (____) _____ | | _____ |
| | | | Address |
| <input type="checkbox"/> Pick-Up: | (____) _____ | | _____ |
| | | | City State Zip Code |

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. I understand that this release includes, and is not limited to, non-directory information such as grades and GPA. I understand that my documents will be sent via mail or over an open fax line and may be viewed by parties other than intended recipient. I will not hold Western International University liable for faxing or mailing of my records. This release will be placed in my records and will be in effect until I notify Western International University, in writing of a change.

Signature: _____ Date: _____

Please send by mail to:

**Western International University
Office of Student Records
9215 N. Black Canyon Hwy.
Phoenix, AZ 85021**

Or send by fax or email to:

**Phone: 602.943.2311
Toll free: 866.948.4636
Fax: 602.383.2210
Email: wiuosr@west.edu**