



Verification Request

I, _____ PRINT STUDENT NAME _____, authorize Dallas Baptist University to release (check all that applies):

_____ Enrollment verification.

_____ Verification of graduation(s) or intent to graduate (**graduation application must be on file**).

Month and year of graduation(s) _____

Degree(s) and Major(s) _____

Please check the method of delivery:

_____ Mail to: _____

_____ Fax to: _____ Attention: _____
(We are unable to fax grades, transcripts, or GPA.)

_____ Pick up: _____ DATE OF PICKUP _____

Social Security Number or DBU ID: _____

Daytime Telephone Number: _____

Student Signature and Date: _____

OFFICE USE ONLY	
Cashier's Approval: _____	
Date Received: _____	Date Sent/Picked Up: _____
Comments: _____	