



DBU
DALLAS BAPTIST UNIVERSITY

Verification Request

I, _____, authorize Dallas Baptist University to
(Student's name)

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: _____

_____ Email to: _____

(For current students, this must be your DBU email, per university policy.)

_____ Fax to: _____ Attention: _____

(We are unable to fax grades, transcripts, or GPA.)

_____ Pick up: _____

(Date of pick up)

Social Security Number or DBU ID: _____

Daytime Telephone Number: _____

Student Signature and Date: _____

OFFICE USE ONLY

Date Received: _____ Date Sent/Picked Up: _____

Comments: _____