



Western
University
OF HEALTH SCIENCES

The discipline of learning. The art of caring.

Mail Completed Form with Payment To: **or Fax Request To:**
Office of the Registrar
Western University of Health Sciences
309 E. Second Street
Pomona, CA 91766-1854
Payment Methods:
cash, check or money order
payable to Western University

Fax: (909) 469-5425
(submit payment by mail)
Questions?
Phone: (909) 469-5491
registrar@westernu.edu
www.westernu.edu

ENROLLMENT/DEGREE/GOOD STANDING VERIFICATION REQUEST FORM

- Complete (please print or type) and sign form below
- Please allow up to 10 business days for processing
- All requests must indicate the name/organization of third party in which letter is intended for.
- Materials requested for pick up will be purged after 30 days (no refunds)
- If you have a deadline, written proof of deadline must be clearly stated and must be attached to your request

Name (please print): _____ Daytime Phone: _____

Banner ID (or SSN): _____ Program: _____ Graduation Year (if applicable): _____

(Qty)

- X ___ Letter of Enrollment – N/C (enrollment may only be verified for current or past terms)
- X ___ Letter of Good Standing – N/C (will only be processed if student’s GPA is at or above their program’s minimum GPA requirement as indicated in the university catalog)
- X ___ Degree Verification – N/C

Special Instructions:

- I will pick up my request in the Student Affairs/Registrar’s Office: Date student picked up: _____ Student Initials: _____ (students will be notified via their WesternU email account when request is ready. Please bring photo ID)
- Please process my request immediately; **send by Federal Express - \$15.00** (not deliverable to PO Box address)
- My letter of enrollment needs to include the following previous term(s): _____
- My letter needs to include my social security number _____ - _____ - _____; or other applicable information (insurance policy number/member ID/loan account number etc.) _____
- Other _____
(any other specific information needs to be verifiable by the university or it cannot be included in the letter)

Submit Request to:

1) _____
Name/Organization

Contact Person if applicable

Street Address

City, State, Zip

Fax Number if applicable

2) _____
Name/Organization

Contact Person if applicable

Street Address

City, State, Zip

Fax Number if applicable

With my signature I hereby authorize the release of the requested document(s) to the above person/organization:

Signature: _____ **Date:** _____

| | | | |
|--|--|---------------------------------------|--|
| Office Use Only: Date Received: _____ Initials: _____ | | Date Processed: _____ Initials: _____ | |
| Amount Received: _____ | <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ | Amount Owed: _____ | |

3) _____
Name/Organization or Rotation Site

Contact Person if applicable

Street Address

City, State, Zip

Fax Number if applicable

5) _____
Name/Organization or Rotation Site

Contact Person if applicable

Street Address

City, State, Zip

Fax Number if applicable

7) _____
Name/Organization or Rotation Site

Contact Person if applicable

Street Address

City, State, Zip

Fax Number if applicable

9) _____
Name/Organization or Rotation Site

Contact Person if applicable

Street Address

City, State, Zip

Fax Number if applicable

11) _____
Name/Organization or Rotation Site

Contact Person if applicable

Street Address

City, State, Zip

4) _____
Name/Organization or Rotation Site

Contact Person if applicable

Street Address

City, State, Zip

Fax Number if applicable

6) _____
Name/Organization or Rotation Site

Contact Person if applicable

Street Address

City, State, Zip

Fax Number if applicable

8) _____
Name/Organization or Rotation Site

Contact Person if applicable

Street Address

City, State, Zip

Fax Number if applicable

10) _____
Name/Organization or Rotation Site

Contact Person if applicable

Street Address

City, State, Zip

Fax Number if applicable

12) _____
Name/Organization or Rotation Site

Contact Person if applicable

Street Address

City, State, Zip

