



Enrollment/Degree Verification Request

Registrar

2500 E. Nutwood Ave.
Fullerton, CA 92831 USA
(714) 879-3901
FAX (714) 681-7230

Name _____ D.O.B. ____/____/____
Last First MI Maiden

Hope ID# _____ Phone # _____

Please mark the appropriate campus

- Undergraduate
- Online
- Graduate

Indicate semester(s)/year(s)

Fall _____

Spring _____

Summer _____

OR

Date of Graduation

M/Y _____

Check one

- I will pick-up
- Please send to my campus mailbox # _____
- Please fax to the following number _____

Please send To _____

Attn _____

Address _____

City/State/Zip _____

Special Comments _____

Signature _____ Date _____

Must be handwritten signature