

WASHINGTON UNIVERSITY

STUDENT VERIFICATION REQUEST FORM

Note: students in attendance after the late 1970's can also obtain a verification document on demand from Workday.

STUDENT INFORMATION (fields in red are required)

Last Name (please print) _____

First Name and Middle Initial (please print) _____

Previous Name while attending WashU, if applicable: _____

Date of Birth (mm/dd/yyyy): _____

WashU Student ID Number or SSN: _____

I AM REQUESTING VERIFICATION OF:

- ☒ **Current Enrollment at Washington University** (Please Note: enrollment verifications for a current or future semester cannot be processed until the first day of classes for that semester.)
- ☐ **Enrollment History at Washington University:** I attended from _____ to _____
- ☐ **Degrees Conferred by Washington University:** Degree: _____ date/year: _____
- ☐ **All of the above**

PLEASE SEND THIS VERIFICATION TO THE FOLLOWING ORGANIZATION/INDIVIDUAL:

Name of organization/individual: _____

- ☐ **I will pick up the verification in the Office of the University Registrar** (Women's Building, Suite 10)
Please allow 2 working days for your verification to be processed.

☐ **Send by fax to this number (include area code):** _____

☐ **Send by e-/mail to this address:** _____

SPECIAL INSTRUCTIONS:

☐ **Other:** _____

I authorize Washington University in St. Louis to release the information

Student Signature (required field - must be handwritten, not typed or digital/electronic)

Date

If there are questions about this request, I can be reached by email/phone at: _____
(required field)

Submit the signed verification request form to the Office of the University Registrar: By FAX to 314-935-4268
By MAIL to MSC 1143-0145-0B, Washington University, One Brookings Drive, St. Louis MO 63130-4899;
or IN PERSON at our office in the Women's Building on the Danforth Campus, lower level Suite 10.
For more information about verification services at WU, please visit our web site at registrar.wustl.edu