

Student/Graduate Information

Name: _____ Phone: _____

Email: _____

Program: _____ Graduation Year: _____

Indicate the type of letter requested. Check all applicable boxes.

Enrollment: start date, anticipated graduation date, program name and anticipated degree type

Good Standing: University school status is reported as good standing unless the student is on probation, suspension, etc.

Graduation: start date, graduation date, program name and degree earned

Criminal Background Check: A verification to indicate this matriculation requirement was met, as long as ATSU received the results within 1 year of this request.

Other: specify information to be included in the verification letter:

Recipient Information

Email

US Postal Mail

Fax

Send to: _____ ATTN: _____

Recipient's email, fax, or postal address: _____

Student/Graduate Signature

By signing this form, ATSU may release the indicated information to the recipient listed above.

Signature: _____ Date: _____

For more information or to submit the completed form granting permission to release your academic record, please contact Enrollment Services at enrollmentservices@atsu.edu.

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