



RELEASE OF STUDENT RECORD INFORMATION

Student ID _____

Student Name _____

Cell Phone # _____

OPTION 1: Verification Letter

I authorize Fort Lewis College to release the information indicated below in the form of a letter to the following person(s) or organization _____.

Please verify the following (check all that apply) for:

Spring 2019

Summer 2019

Fall 2019

Enrollment Status (select one)

Pre-Census Registration

Post-Census Enrollment

Class Schedule

Cumulative Grade Point Average

Academic Standing

Degree Program

Anticipated Graduation Date

Other: _____

OPTION 2: Attached Form

I authorize Fort Lewis College to release all student record information necessary to complete the attached form, titled _____.

Additional Instructions: _____

Choose a Delivery Method: **Please allow 3-5 business days for processing.

I would like to pick up my verification in person at Skyhawk Station (photo ID required).
Staff will send an email to your FLC email account when your verification is ready.

I would like a PDF copy of my verification or form sent to my FLC email address.

I would like the Registrar's Office to mail my verification or form to:

_____ (Recipient)

_____ (Address)

_____ (City, State, Zip Code)

Student Signature

Date