



VERIFICATION REQUEST

(For alumni and inactive students only)

Office of the University Registrar
2130 Fulton Street, LM 217
San Francisco, CA 94117

Full Name: _____ Previous or maiden name: _____

Cell Phone: _____ Student ID (if known): _____ Date of Birth: _____

Email: _____ Attendance Dates: _____

I AUTHORIZE THE RELEASE OF THE VERIFICATION OF MY DEGREE(S) AND DATE(S) OF CONFERRAL OR ENROLLMENT VERIFICATION:

Student's Signature: _____ Today's Date: _____

Mail / Email / Fax Verification to:

Allow 1-3
business days for
processing

Questions? Email verifications@usfca.edu or call (415) 422 - 6716