



# VERIFICATION REQUEST

(For alumni and inactive students only)

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

Full Name: \_\_\_\_\_ Previous Name: \_\_\_\_\_

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

Email: \_\_\_\_\_ Approximate Attendance Dates: \_\_\_\_\_

## I AUTHORIZE THE RELEASE OF THE INFORMATION AS INDICATED BELOW:

Enrollment Verification

Degree Verification

Attachment Form

Mail / Email / Fax  
Verification to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Questions? Email [verifications@usfca.edu](mailto:verifications@usfca.edu) or call (415) 422 - 7260.