

**STUDENT VERIFICATION REQUEST FORM
IDAHO STATE UNIVERSITY**

Office of the Registrar
921 S. 8th Ave, Stop 8196
Pocatello, ID 83209-8196
208-282-2661
FAX 208-282-4231
Email: verifications@isu.edu

Requests can be mailed or submitted in person to the Registrar's office.

Normal processing time is **3-5 business days**. (There is currently no charge for this service.)

Completed requests can only be mailed or picked up by the person they are issued to.

Idaho State University, in compliance with the Family Education Rights and Privacy Act (FERPA) is responsible for protecting and maintaining the privacy of student records and judiciously evaluating requests for release of information from those records. In signing this release form you are authorizing the ISU Office of the Registrar to release personal, identifying information including but not limited to: class schedules, number of credits, and expected graduation date.

Student Name _____ **ID#** _____

Student Phone Number _____ **Expected Graduation Date** _____

Student Signature _____ **Date** _____

Please select the enrollment information to be verified and method you would like us to use to respond.

_____ **In-School Deferment for Student Loans**
Expected graduation date _____ (Month & Year)
Name/Address of Student Loan Company:

_____ or Pick up:

_____ **Degree Verification**
Name/Address where information is to be sent:

_____ or Pick up:

_____ **Current Enrollment**
Name/Address where information is to be sent:

_____ or Pick up:

Additional comments or requests:
