

Current students and alumni with CMU email accounts may request verification of enrollment and/or degree(s) awarded through Student Information Online (SIO). All others should complete this form and email it to uro-verifications@andrew.cmu.edu. Verification letters do not contain grades or course descriptions and are available at no cost. Letters are PDF formatted, printed in color, and bear the University Registrar's signature and seal. Verification requests are fulfilled within 3-5 business days. Please note if you have an outstanding financial or community obligation to the university, the verification request cannot be processed until those obligations have been met. **For your protection, please refrain from printing your Social Security Number (SSN) anywhere on this form.**

Verification Request

STUDENT INFORMATION

Andrew ID: _____
Not applicable for students enrolled before 1990; do not record SSN

Andrew ID Unknown:

Student Name: _____
Last/Family, First and/or Preferred, MI

Former Last Name: _____ *If applicable* Date of Birth: _____ *mm/dd/yyyy*

Daytime Phone #: _____ Email Address: _____ *If available*

Were you enrolled at Carnegie Mellon before 1990? Yes No Estimated Dates of Attendance: _____
e.g., August 2012-May 2016

VERIFICATION REQUESTED

Select the item(s) you wish to be verified:

Enrollment History *(includes enrollment status, full-time/part-time status, semester dates, college, department, major, and class level)*

Registered status for upcoming semester *(if applicable; please note that registration does not constitute enrollment)*

Expected/Awarded Degree(s)

Include additional awarded majors and minors

QPA Data *(for last semester attended; in order to protect your privacy, QPA information cannot be shared via email)*

Include Cumulative QPA *(as of final semester attended)*

Special Purpose: _____
Common requests include: H1B/visa/early completion, skills verification, etc.

DELIVERY METHOD

Select the appropriate box notating your preferred delivery method, and fill in all necessary information. For most efficient servicing, email delivery is strongly encouraged. For parties requiring hard copy mail, please note delivery times are subject to USPS mailing services and time frames, and delivery may be delayed.

Please note in-person pick-up at The HUB is unavailable at this time as staff are working remotely due to the COVID-19 pandemic.

Email to: _____ Reference/Policy #: _____ *If applicable*

Mail to: _____
Name of Person and/or Institution

Street Address/P.O. Box

City, State, Zipcode, Country

CONSENT TO RELEASE INFORMATION

I hereby authorize the release of my academic record information to the above recipient.

Student Signature: _____ Date: _____
Signature required - print/text not accepted *mm/dd/yyyy*

OFFICE USE ONLY

Initials: _____ Date: _____