Phillips Graduate University

Verification Request

19900 Plummer Street • Chatsworth, CA 91311 • Fax: 818-386-5636 • www.pgu.edu

- Complete this request and submit it to the Registration Office.
- Submit it via in person, scan and email to registration@pgu.edu, fax to 818-386-5636 or mail to the above address to the Attention: Registration Office.

I hereby authorize Phillips Graduate University to release the information below and communicate it as indicated.

Signature: _____ Date: _____

Personal Information

Name of Record at Phillips: _____

Current Name: _____

Student ID #: _____ OR Social Security #: xxx-xx-_____

Home Phone: _____ Cell Phone: _____

Email: _____ Program (s): _____

Address: _____

City, State, Zip, Country: _____

Date First Enrolled (Approx.): _____ Date Last Enrolled (Approx.): _____

Degree/Credential: _____

Conferral Date: _____

This is to Verify my Status of:

☐ Full/Part Time Enrollment ☐ Education Verification ☐ Date of Graduation

- ☐ Fax To: _____
- ☐ Hold for Pick-up on (date): _____
- ☐ Mail To: _____
- ☐ Release To: _____
- ☐ Scan and Email to: _____

Office Use:

Date Received: _____ Date Completed: _____