

STUDENT VERIFICATION REQUEST FORM
IDAHO STATE UNIVERSITY

Office of Registration & Records
921 S. 8th Ave, Stop 8196
Pocatello, ID 83209-8196
FAX 208 282-4231

Requests can be mailed, faxed or submitted in person to the Registrar's office.
Normal processing time is 2-3 business days. (There is no charge for this service.)

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 Registration & Records to release personal, indentifying information including but not limited to: social security number, number of credits, expected graduation date and class ranking.

Student Name _____ **ID#** _____

Student Signature _____ **Date** _____

Please select the enrollment information to be certified.

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

_____ or Fax to: _____

_____ Current Enrollment for Private Insurance
Name/Address where information is to be sent:

_____ or Fax to: _____

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

_____ or Fax to: _____

Additional comments or requests:

