

STUDENT VERIFICATION REQUEST FORM
IDAHO STATE UNIVERSITY

Office of the Registrar
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 the Registrar 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 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:**
_____ **or Fax to:** _____

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

_____ **or Pick up:**
_____ **or Fax to:** _____

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

_____ **or Pick up:**
_____ **or Fax to:** _____

Additional comments or requests:

