

Concordia University - Request for Student Record Information

Office of the Registrar – 1530 Concordia West – Irvine, CA 92612 Fax: 949-854-6713

Name Last _____ First _____ MI _____

MYCUI ID# E _____ Phone () _____

_____ # Copies requested

Information requested in letter. Mark all that apply:

Enrollment verification for term(s): _____

NOTE: Current or former terms only. VA Students, select VA Once below.

Degree verification or Anticipated Graduation Completion

Completion or Expected completion term _____

GPA verification

NOTE: First semester FRESHMEN must get this verification from their high school.

List of courses for term(s) _____

NOTE: Current or future terms only.

Other Please indicate: _____

Pick up in Registrar's Office (1st floor Grimm Hall)

(available 24 hours after receipt of request)

FAX Verification to:

(name)

(FAX number)

Mail Verification to:

(name)

(address)

VA ONCE

(for VA students only)

Under Federal legislation, namely the Family Educational Rights and Privacy Act of 1974, I understand that my educational records cannot be released without my written permission.

Signature of Student

Date

For Office Use Only:

Time & Date for Pick-up _____

Request Taken by: _____

ID Checked Holds Checked _____