



Charles R. Drew University of Medicine and Science • Office of Registration & Records
 1731 East 120th Street, Los Angeles, CA 90059 Phone: (323) 563-4838 Fax: (323) 563-4837

ENROLLMENT VERIFICATION REQUEST FORM

Enrollment verifications will be processed within 3 business days. During times of higher than usual requests, enrollment verifications will be processed within 5 business days.

PLEASE PRINT CLEARLY

Specify Type of Verification: <input type="checkbox"/> Current Term Enrollment <input type="checkbox"/> Degree/Certificate <input type="checkbox"/> Cum GPA <input type="checkbox"/> Other (specify) _____				
Last Name	First Name	M.I.	SS# or Student ID #	DOB
Street Address	City	State	Zip	Phone

Special Instructions

I will pick up verification personally; Mail verification; Fax verification to _____
(Fax Number)

Email my verification to: _____

(Note: Not responsible if LOST or DAMAGED in the mail)

Name of Recipient		
Address #1		
Address #2		
City	State	Zip

Comments or other instructions: _____

My signature below authorized Charles R. Drew University to release the information indicated above to the party specified above, as per the Family Educational Rights and Privacy Act of 1974 (FERPA) as amended.

 STUDENT SIGNATURE

 DATE

Office of Registration and Records Signature and Date Processed: _____

CDU has a zero tolerance for any form of discrimination and/or harassment including, but not limited to, discrimination and/or harassment on the basis of race, color, sex, sexual orientation, gender, gender identity, gender expression age (over 40), physical handicap, disability, national origin, ancestry, marital status, medical condition, military or veteran status, genetics, or religion. CDU does not prohibit the use of any language unless such prohibition is required for business or academic purposes. CDU will not retaliate against any employee, applicant, or student because they have engaged in protected activity.