

## Request for Verification Letter

### (1) Personal Information

Name \_\_\_\_\_

Email address \_\_\_\_\_ University ID Number \_\_\_\_\_

### (2) Method of Delivery – Pick one of the following. Letters are available in 3-5 business days.

Cybox delivery – You will receive a PDF of your letter via Cybox to the above email address.

Pickup in 010 Enrollment Services Center – You will receive an email when your letter is ready for pickup.

Mail to myself/third party – We will print and mail your letter to an individual/organization.

Write Mailing Address (include Name or Company, PO Box or Street Address, City, State, Country, Zip Code)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### (3) Copies

How many should we print? (If using Cybox delivery, you will receive 1)

### (4) Information to verify - For standard verification letters, they are printed with the following information...

- Program(s) of Study
- Class Standing (First year, sophomore, etc...)
- Courses you are currently enrolled in for the current term and number of credits
- Load Status for the current term
- Any previously awarded degree(s)

Below is additional information we can verify upon request. Check what you need, if applicable...

- |   |   |
|---|---|
| <input type="checkbox"/> SSN  | <input type="checkbox"/> Date Of Birth                            |
| <input type="checkbox"/> Latest academic standing   | <input type="checkbox"/> Cumulative GPA                           |
| <input type="checkbox"/> Course section meeting pattern (dates and times)                                 | <input type="checkbox"/> Anticipated Degree Date                  |
| <input type="checkbox"/> Course section delivery mode (online, in person, hybrid)                         | <input type="checkbox"/> Previous dates of enrollment (all terms) |
| <input type="checkbox"/> Courses you are currently enrolled in for any future terms and number of credits |   |
| <input type="checkbox"/> Other information (describe your request below)                                  |   |

\_\_\_\_\_  
\_\_\_\_\_

### (5) FERPA release – Sign and date the form - In accordance with FERPA, by signing your name below, you are authorizing Iowa State University to release information to the individual or organization as indicted in this form.

\_\_\_\_\_

Signature

Date

Updated March 2025

Completed (Initials, Date):

Holds:

Academic Record Review: \_\_\_\_\_

Degree Completion: \_\_\_\_\_