

THE COLLEGE OF ST SCHOLASTICA  
 1200 KENWOOD AVE  
 DULUTH, MN 55811  
 Fax (218) 733-2292  
**ENROLLMENT/DEGREE VERIFICATION**

Name: \_\_\_\_\_ CSS ID #: \_\_\_\_\_

<p>Verify:</p> <p><input type="checkbox"/> Previous Semester/Term GPA</p> <p><input type="checkbox"/> Cumulative GPA</p> <p><input type="checkbox"/> Fall Semester/Term _____</p> <p><input type="checkbox"/> Spring Semester/Term _____</p> <p><input type="checkbox"/> Summer Session/Term _____</p> <p>Anticipated graduation date        ____/____/____</p>	<p><b>MAIL TO:</b></p> <p>_____        Company or person</p> <p>_____        Street address</p> <p>_____        City State ZIP</p> <p><input type="checkbox"/> PICK UP</p> <p><input type="checkbox"/> MAIL OUT</p> <p><input type="checkbox"/> FAX _____</p>
<p><input type="checkbox"/> Undergraduate <span style="margin-left: 200px;"><input type="checkbox"/> Graduate credits</span></p>	

I authorize The College of St. Scholastica to release the information indicated above.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your certification will reflect the academic record as of the date your request is prepared.

DO NOT WRITE BELOW THIS LINE

Is/ was enrolled:

____/____/____ to ____/____/____	Full-time/ Half-time/ Less than half-time
____/____/____ to ____/____/____	Full-time/ Half-time/ Less than half-time
____/____/____ to ____/____/____	Full-time/ Half-time/ Less than half-time
____/____/____ to ____/____/____	Full-time/ Half-time/ Less than half-time
____/____/____ to ____/____/____	Full-time/ Half-time/ Less than half-time

Previous Semester/Term GPA: \_\_\_\_\_ or Cumulative GPA: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
 George A. Beattie  
 Registrar  
 (218) 723-6563  
 School Code: 002343

\_\_\_\_\_  
 Date

**NOT VALID WITHOUT  
 SCHOOL SEAL**

*White- Lender/Servicer*

*Yellow- Registrar*