The College of
St. Scholastica

Academic Records, 1200 Kenwood Avenue, Duluth, MN 55811
Phone 218-723-6129· Email: registrar@css.edu

ENROLLMENT/DEGREE VERIFICATION REQUEST FORM

Student Name _____ CSS Student ID_____

☐ Verify Degree and Field(s) of Study (Majors, Minors, Concentrations)
☐ Verify Enrollment Status (Full-time, Three-quarters-time, Half-time, Less than half-time)
☐ Verify Dates of Attendance
☐ Other (Specify) _____

☐ **PICK UP**   ☐ **MAIL TO ADDRESS BELOW**   ☐ **SEND BY EMAIL WITH COPY TO ME**

MAIL TO   EMAIL TO

_____   _____
Company or person

_____   STUDENT EMAIL ADDRESS
Street Address

_____ _____ _____   _____
City (if applicable)   State   Zip code

OTHER SPECIAL INSTRUCTIONS _____

I authorize The College of St. Scholastica to release the information indicated above. I understand that the certification will reflect my academic record as of the date the request is submitted.

Student signature: _____ Date: _____

******DO NOT WRITE BEYOND THIS LINE. TO BE COMPLETED BY REGISTRAR OR DESIGNEE******

Degree Verification   **Enrollment Verification**

Degree Earned _____   Fall Semester ____/____/____ to ____/____/____
                                                   Full-time/Three-quarters-time/Half-time/Less than half-time
Graduation Date _____   Spring Semester____/____/____ to ____/____/____
                                                   Full-time/Three-quarters-time/Half-time/Less than half-time
Field(s) of Study_____   Summer Term ____/____/____ to ____/____/____
                                                   Full-time/Three-quarters-time/Half-time/Less than half-time
_____

Comments:

_____ _____   NOT VALID WITHOUT
Authorized Signature and Title   School Code: 002343   Date   SCHOOL SEAL
Revised 7/2023