



INSTRUCTIONS

CNU Office of the Registrar provides confirmation of student enrollment status, degrees awarded, intern hours, and academic standing to financial institutions, organizations, employers or agencies at the student's request and are free of charge.

To obtain a verification letter, students must complete the form below and submit to the Office of the Registrar. An Email confirming completion of the request is sent to the student's CNU email, or to the email on record for former students.

Requests are processed within 5 business days, unless otherwise stated.

STUDENT INFORMATION

Name: _____
First Middle Last

Name while at CNU (if applicable): _____
First Middle Last

Student ID#: _____ Date of Birth: _____ Program/College: _____ Class of/Cohort: _____

Phone#: _____ Personal Email (former students only): _____

EDUCATION VERIFICATION INFORMATION

NOTE: Verification letters include expected/actual graduation date, units completed, enrollment status, and college level. For identification purposes, letters include the student's name, ID number, and date of birth.

LETTER TYPE (check one): ☐ Attached Form (description: _____)
☐ Enrollment Verification Letter—Enrollment History (includes all enrolled terms)
☐ Enrollment Verification Letter—Specific Term Only (specify term: _____)
☐ Degree Verification (includes enrollment history)

ADD ADDITIONAL INFORMATION?

_____ Initial to include your partial SSN. Letters and forms with an SSN cannot be emailed.

_____ Initial to include other information; Specify, (e.g. GPA, intern hours completed, etc.): _____

DELIVERY METHOD (check one):

REFERENCE NUMBER (if applicable): _____

☐ Student Pick-up (from Office of the Registrar) ☐ CNU Student Email (Documents with an SSN cannot be emailed.)

☐ Mail To: _____
Name/Company (include "ATTN", if applicable)

Street Address (Include suite, apt #, P.O. Box, etc., if applicable.)

City, State ZIP

☐ Fax #: _____ ATTN of: _____
(Person/Agency/Company)

☐ Email: _____ ATTN of: _____
(Person/Agency/Company)

In accordance with Federal Law and KRS 164.283, records cannot be released without the written consent of the student.

I certify that I am the above named person and consent the release of this information to the entity listed above. I understand the letter may contain non-directory information from my student record. For a Letter of Good Standing, I give consent to the College's Student or Academic Affairs Office(s) to provide my academic and conduct status to the Office of the Registrar.

Student Signature: _____ **Date:** _____
(Your signature is required. A typed name or font made to look like a signature will not be accepted.)

OFFICE OF THE REGISTRAR USE ONLY

Date Received: _____ Date Processed: _____ Processed By: _____ Updated 07/19 OR