



Free Self-Service Verification

Students may print their own verification for health/auto insurance providers, credit cards and other third party institutions through the National Clearing House Enrollment Verification link on WP Connect.

PERSONAL INFORMATION

Last Name, First Name, MI	Previous Name(s)	855 #
Street Address	City	State/ ZIP
Parent/Guardian:	Policy/Account/ID/ SSN*:	Telephone Home :
		Cell :

Although WPU has issued a student identification number that provides security of personal information, most outside agencies utilize social security number for reporting purposes. If required, please provide your social security number.

Indicate term to be verified (one term per form): FALL SPRING SUMMER Year: _____

In accordance with the Federal Family Educational Rights & Privacy Act (Public Law 93:380), I authorize the release of my academic records.

Student Signature (required) _____

Date: _____

VERIFICATION MAILING ADDRESS

VERIFICATION TYPE

- General Enrollment
 Loan Deferment
 Certification
 Housing
 Insurance
 Good Student Discount
 Other _____

Check here if you have forms that should accompany your verification

FOR OFFICE USE

Additional Notes:

Form Attached

Entered by:

Mailed by: