#### \*\*\* DOWNLOAD AND SAVE FORM TO YOUR COMPUTER BEFORE COMPLETING FORM \*\*\*

#### PLEASE COMPLETE THE ENTIRE FORM - INCOMPLETE FORMS WILL BE RETURNED

IMPORTANT: PRIOR VERSIONS OF THIS FORM WILL NOT BE ACCEPTED. PLEASE ALWAYS RETURN TO THE REGISTRAR'S PAGE ON ADLER CONNECT, HTTPS://CONNECT.ADLER.EDU/STUDENTSERVICES/REGISTRAR/PAGES/DEFAULT.ASPX, TO ENSURE YOU HAVE THE MOST UP TO DATE FORM.

Adler University \* Attention: Office of the Registrar \* 17 North Dearborn St, Chicago, IL 60602-4310

EMAIL: registrar@adler.edu (PREFERRED) \* FAX: 312-277-0918

### **ENROLLMENT AND DEGREE VERIFICATION - CHICAGO AND ONLINE CAMPUSES**

\*\*\*FOR STUDENT/ALUM USE ONLY\*\*\*

# **SECTION 1: PERSONAL INFORMATION**

First Name Last Name

Previous Name(s) During Attendance Last 4 of SSN or Student ID

**Mailing Address** 

City State Zip Code Country

Daytime Phone Email Address

Program(s) Dates of Attendance

Anticipated Degree Completion Date (if applicable)

Degree Completion Date

# **SECTION 2: PRONOUN (FOR USE IN LETTERS)**

# SECTION 3: CHECK ALL THAT APPLY TO YOUR REQUEST

Post-Doc Transcript Request (IMPORTANT, PLEASE READ: (1) Requests must be received within one year of the degree conferral date on your transcript. (2) 10 transcripts max can be requested in a 365-day period. Additional transcripts must be requested and purchased through the Clearinghouse. Please visit for <a href="https://tsorder.studentclearinghouse.org/school/select">https://tsorder.studentclearinghouse.org/school/select</a> for complete details on how to request a transcript. (3) Please include job descriptions for each transcript requested. Your request will not be processed without this information.

**Unofficial Transcript Request** (for students without access to Student Planner)

**Verification of Degree Earned** (send form only after you received notification your degree has been conferred; letter will be sent to student only; **third parties in need of verification are required to go to degreeverify.org**)

**Verification of Cumulative Grade Point Average (GPA)** 

**Verification of Enrollment** (indicate terms that need to be verified)

Verification of Enrollment Status (full-time/part-time/less than part-time)

Fill out the attached form(s) (please review your form to ensure it is complete and if necessary, signed)

**Special Instructions** 

### **SECTION 4: DELIVERY INFORMATION**

**Email document** 

Fax document

Mail copy/copies of the document to: Name/Company

**Mailing Address** 

City, State, Zip, Country

Student pick up (Office of the Registrar, Chicago campus, 15th floor) when document is ready. (NOT AVAILABLE)

**SECTION 5: NOTIFICATION INFORMATION** (please provide an email address so we may notify you when your request is received and when your request has been processed.

# **SECTION 6: SIGNATURE AND DATE**

My signature signifies I am the student/alum making this request and the University reserves the right to request additional information to verify my identity. \*Typed signatures are accepted for this form <u>ONLY</u> when sent through your Adler email account; otherwise, you will need to hand sign the form.

'Student's Signature:	Date

IMPORTANT: Please allow up to 15 business days (M - F) for processing. If you have questions regarding the status of your request, please email our office at registrar@adler.edu. Requests that are not picked up within 15 business days of notification will be disposed of.