SEATTLE UNIVERSITY

OFFICE OF THE REGISTRAR & OPERATIONS
901 12th Avenue
P.O. Box 222000
Seattle, WA 98122-1090
(206) 220-8030; Fax: (206) 296-2443
Email: registrar@seattleu.edu

SPECIAL REQUEST

(RMRRSRRC)

FULFILLMENT OF SPECIAL REQUESTS IS AT THE DISCRETION OF THE REGISTRAR PER CURRENT UNIVERSITY POLICIES.

~ Print in Ink ~

Student ID Number: _____ Daytime Phone Number: (____)_____
Area Code

Student Legal Name: _____ Email: _____
Last First Middle

College or School of major: _____ Major or Program _____

Class Level: □ FR □ SO □ JR □ SR □ GR □ Post-Bacc □ Non-matric

Current Year/Term (circle one): Fall ____ Winter ____ Spring ____ Summer ____
Year Year Year Year

▶ Student Signature: _____ Date: _____

✓ Check All That Apply: (Allow 2 weeks for processing)

□ I need a letter from the Registrar verifying that I plan to attend commencement in June 20_____ (*specify year*) in order to obtain tourist visas for the following individuals (*additional names can be written on the back of this form*):

NAME: _____ RELATIONSHIP TO STUDENT: _____

NAME: _____ RELATIONSHIP TO STUDENT: _____

NAME: _____ RELATIONSHIP TO STUDENT: _____

□ I need the attached form completed by the Registrar: (*Not for Enrollment Verifications. Use the Enrollment Verification form.*)

□ I need a duplicate diploma ($25.00 fee due at time of request, a minimum of 4 weeks to process.)
My name <u>exactly</u> as I would like it printed on the diploma:

_____

Additional information for verification (i.e. previous name, date of birth, graduation date) _____

_____

□ I need a letter from the Registrar stating the following: (*This is <u>not for Enrollment Verifications</u>. Use the Enrollment Verification form.*)

_____

_____

✓ Delivery of request – check one

□ I will pick the copy up
□ Mail to my mailing address (current students only)
□ Fax/Mail to: _____

_____

_____

OFFICE USE ONLY
Processed by: _____
Date: _____