P E E
- UNIVERSITY -

VERIFICATION REQUEST

Mail completed form to: Pepperdine University / OneStop / 24255 Pacific Coast Highway / Malibu, CA 90263
or fax to: 310-506-7203, attn: OneStop
or scan and email to: OneStop@pepperdine.edu

Student Information:

Last Name	First Name	MI	Previous Last Name
Current Address			ID Number (CWID) or SSN
City	State	Zip Code	Birth date
E-mail address			Phone Number
School(s) Attended ☐ Seaver College ☐ GSEP ☐ GSBM ☐ Public Policy ☐ School of Law ☐ Professional Studies ☐ L.A.			Years Attended From: To:

Information to Verify:

Please check all that apply:

☐ Complete the attached form. Release any information requested.

☐ Provide the information indicated below:

- ☐ Terms of Attendance
- ☐ Current Enrollment Information for _____ term
  (includes full-time, ¾-time, ½-time status…)
- ☐ Units Completed to Date
- ☐ Cumulative GPA
- ☐ Term GPA for _____ term
- ☐ Degree Received
- ☐ Other (please specify):_____

Delivery Method:

☐ Pick up at OneStop

or ☐ Fax to: _____ Attn: _____

or ☐ Mail to: _____

_____

or ☐ Email to: _____

Authorization:

I hereby give my consent for Pepperdine University to release the information requested above.

Student Signature _____ Date _____

FOR OFFICE USE	Financial Approval	Processed By	Sent/Received By	Date