



Registrar's Office

Willamette University  
900 State Street  
Waller Hall, 1<sup>st</sup> Floor  
Salem, OR 97301  
[registrar@willamette.edu](mailto:registrar@willamette.edu)

**VERIFICATION LETTER REQUEST**

Verification Letters:

- are available in paper form and/or PDF
- may be mailed, emailed, or picked up at the Registrar's Office
- will be on university letterhead, bear the signature of the University Registrar, and the official seal of the university
- can take five to seven business days to process

Full Name : \_\_\_\_\_

Former last name (if any): \_\_\_\_\_ W.U. ID# (if current student): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For which semester(s) do you need verification?  FALL  SPRING of (YEAR) \_\_\_\_\_

Other period of time (give details): \_\_\_\_\_

Include in the Letter:

- |  |   |
|--|---|
| <input type="checkbox"/> Dates Attended  | <input type="checkbox"/> Academic Standing  |
| <input type="checkbox"/> Graduation Date | <input type="checkbox"/> Full-Time Status   |
| <input type="checkbox"/> Degree Awarded  | <input type="checkbox"/> Class Schedule     |
| <input type="checkbox"/> Major(s)        | <input type="checkbox"/> Credit Hour Policy |
| <input type="checkbox"/> Minors(s)       |   |

Send verification to the following email or mailing address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes or additional requirements for your verification letter:

(For verifications to insurance companies please provide full name, policy #, ID# of the insured policy holder.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_