



Letter and Education Verification Request Form

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|---------------------|-------------|----------------------------------|--------------------|
| Name | _____ | _____ | _____ |
| | (First) | (Middle) | (Last) |
| Lourdes I.D. | _____ | OR Social Security Number | ____ - ____ - ____ |
| Phone Number (____) | ____ - ____ | Email Address | _____ |

Please state the information you need the letter to verify:

Check one:

- I would like to pick up the letter from the Registrar's Office on this date: _____
- I would like the letter sent on my behalf to the address/fax/email listed below:

I authorize the Registrar's Office to release my above-listed educational record information.

Signature _____ Date _____

Return this form to the Registrar's Office in St. Clare Hall 139.

Mail:
Registrar's Office
Lourdes University
6832 Convent Boulevard
Sylvania, OH 43560

Fax:
419.824.3962

Email:
Registrar@Lourdes.edu

Do you have questions? Please call us at 419.824.3817.