



Charles R. Drew University of Medicine and Science • Office of Registration & Records
1731 East 120th Street, Los Angeles, CA 90059 Phone: (323) 563-4838 Fax: (323) 563-4837

DEGREE VERIFICATION REQUEST FORM

Degree verifications will be processed within 3 business days. During times of higher than usual requests, degree verifications will be processed within 5 business days.

PLEASE PRINT CLEARLY

Specify Type of Verification: <input type="checkbox"/> Degree/Certificate						
Last Name		First Name		M.I.	SS# or Student ID #	DOB
Street Address			City	State	Zip	Phone

Special Instructions

- ☐ Mail verification
- ☐ Fax verification to _____
(Fax Number)
- ☐ Email my verification to: _____

(Note: Not responsible if LOST or DAMAGED in the mail)

Name of Recipient		
Address #1		
Address #2		
City	State	Zip

Comments or other instructions:

My signature below authorized Charles R. Drew University to release the information indicated above to the party specified above, as per the Family Educational Rights and Privacy Act of 1974 (FERPA) as amended.

STUDENT SIGNATURE

DATE

Office of Registration and Records Signature and Date Processed: _____