



OFFICE OF THE REGISTRAR *The UNIVERSITY of OKLAHOMA*

REQUEST FOR VERIFICATION

You must submit one Verification Request Form for each separate verification request. Once completed, send the form to verifications@ou.edu. Verifications are typically processed within 48 hours, barring weekends or school closure. Verifications for clubs or teams may take longer.

Current Students: You can obtain an enrollment verification in your One account by going to the Academics tab and clicking the "Verify Enrollment" link.

Third-Party Requestors: We require all Third-Party Requestors to obtain verifications via the [National Student Clearinghouse](#). Our institution code is 003184-00. If you submit a request via this form, it will not be processed.

STUDENT INFORMATION

Student Legal Name (Last, First, Middle Initial)

OU ID Number

Date of Birth

Email

Phone Number

RECIPIENT INFORMATION

Name of Person or Entity Receiving Verification

Email or Mailing Address

INFORMATION TO RELEASE

NOTE: If you have a form you need us to complete, please include it along with this verification request in your email to verifications@ou.edu.

Check each applicable box below to indicate what information you authorize the Office of the Registrar at the University of Oklahoma to disclose in your form or letter.

DIRECTORY INFORMATION

☐ Enrollment Status – Current Semester

☐ Enrollment Status – Prior Semester(s)

☐ Dates of Attendance

☐ Expected Graduation Date: _____

☐ Major Field of Study

☐ College

☐ Classification

☐ Degree(s) Earned

NON-DIRECTORY INFORMATION

- | | |
|---|---|
| <input type="checkbox"/> Current Semester – Enrollment Status
Including Hours Enrolled | <input type="checkbox"/> GPA |
| <input type="checkbox"/> Current Semester – List of Enrolled Courses | <input type="checkbox"/> Academic Standing |
| <input type="checkbox"/> Course Mode of Instruction | <input type="checkbox"/> Total Hours Earned |
| | <input type="checkbox"/> Date of Birth |

NOTE: YOU MUST SIGN THIS FORM IN INK PEN AND PROVIDE A COPY OF YOUR PHOTO IDENTIFICATION BEFORE ANY NON-DIRECTORY INFORMATION CAN BE RELEASED.

AUTHORIZATION FOR RELEASE OF ACADEMIC RECORDS

☐ I certify that I am the person whose name appears on the name lines of this form, and I do hereby authorize the University of Oklahoma to release my academic records to the addresses listed on this form.

☐ Student academic records are classified as confidential and may be released only with the student's written authorization and signature, in accordance with the Public Information Act and Family Educational Rights and Privacy Act of 1974. If I have a directory hold on file or if I selected any information to be included that falls under the Non-Directory Information section, I understand that I must sign this form in ink pen and provide a copy of my photo ID before this verification can be processed.

Student's Signature

Date