EMBASSY REQUEST FOR INFORMATION OR VERIFICATION:

Embassy-Sponsored International Students

Before this request can be fulfilled, the student named below must submit, IN PERSON, the:

- Student Waiver for Embassy Request for Information or Verification Form, and the
- FERPA Waiver

to Dr. Amber Bennett Hill, Global Education Senior Academic Advisor, 817 W. Franklin Street.
The Embassy contact name and information on this form must match that on the Student Waiver.

STUD	ENT NAME:				
		Last	First	MI	
		MBER:			
		ON NUMBER (if applicable):			
		:			
STUD	ENT TELEP	HONE:			
SEME	STER:	YEAR	_		
		EACH BOX BELOW TO IND		ΓΙΟΝ ΤΟ BE	
INCLU		FORMATION / VERIFICAT	ION LETTER:		
		mester Standing			
		emester Standing			
		rently enrolled			
	Cumulativ	e hours completed			
	Major				
	Satisfactor	y Progress Toward Degree			
	Number of	f English Language Program	credits remaining until	completion / eligibility for	
	academic o	coursework			
		CT NAME:			
-		must be named in order for	information to be releas	ed.)	
EMBA	SSY CONTA	CT MAILING ADDRESS:			
EMB	SSY CONTA	CT EMAIL:			
		CT TELEPHONE:			
ENIDA	SSI CONTA	OT TELETHONE			
GEO U	JSE ONLY.	Received:	by		